## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L72021

1. Entity Name

TERAMERICAN FINANCIAL CONSULTANTS, INC.



FILED
May 05, 2004 08:00 AM --Secretary of State

Principal	Place of	Business

3191 CORAL WAY

112

MIAMI, FL 33145 US

Mailing Address

2910 SHIPPING AVE

COCONUTGROVE, FL 33133

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04292004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0194719 Applied For Not Applicable

5. Certificate of Status Desired



\$8.75 Additional

5. Name and Address of Current Registered Agent

PAREDES, EDGAR 2910 SHIPPING AVE. COCONUT GROVE, FL 33145

## DO NOT WRITE IN THIS SPACE

8. The above the obligar	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	office or I	egistered agent, or bott	n, in the State of Florida. I am familiar with	, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and blic t	Boolicable (NOTE, Registered Ac	ont signatur	required when remaining)	DATE	<del></del>
FIL	E NOW!!! FEE IS \$150,00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financia     Trust Fund Contribution.		\$5.00 May Se Added to Fees	U00000157353	
10.	OFFICERS AND DIREC	TORS	-		U5/U6/04-80023-011	158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVT PAREDES, EDGAR 2910 SHIPPING AVE COCONUTGROVE, FL 33133					
TITLE NAME STREET ASDRESS CITY-ST-ZIP						
THEE NAME STREET ADDRESS CITY ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET AODRESS CITY- ST-ZIP				IN 7	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP			•			
TITLE NAME STREET ADDRESS				·		

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee empoyed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if other like empoywered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.04

305-4610555