2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# M96872

Entity Name: TERRY OF FLORIDA, INC.

Current Principal Place of Business:

ONE ALHAMBRA CIRCLE, APT #403
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

PO BOX 140956
CORAL GABLES, FL 331140956

New Mailing Address:

FEI Number: 65-0078357 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANCHEZ-GALARRAGA, JORGE
1313 PONCE DE LEON BLVD
STE 301
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VSD	( ) Delete
Name:	LARA, ENRIQUE	
Address:	ONE ALHAMBRA CIRCLE, APT #403	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	PD	( ) Delete
Name:	LARA, FRANCIS	
Address:	ONE ALHAMBRA CIRCLE, APT #403	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VD	( ) Delete
Name:	BELLOSO, MARIA	
Address:	ONE ALHAMBRA CIRCLE, APT #403	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	D	( ) Delete
Name:	LARA, JUAN A	
Address:	ONE ALHAMBRA CIRCLE, APT #403	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VTD	( ) Delete
Name:	AZPURUA, INES M	
Address:	8930 WEST FLAGLER ST. APT 105	
City-St-Zip:	MIAMI, FL 33174	
Title:	D	( ) Delete
Name:	JARAMILLO, MARIA T	
Address:	ONE ALHAMBRA CIRCLE, APT #403	
City-St-Zip:	CORAL GABLES, FL 33134	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INES DE AZPURUA VTD 03/17/2009

Electronic Signature of Signing Officer or Director — Date