## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

**DOCUMENT # P00000029727** 

1. Entity Name TESSDAN, INC.

Principal Place of Business

15966 SW 3 STREET PEMBROKE PINES, FL 33027 Mailing Address

P.O. BOX 278365 MIRAMAR, FL 33027

## **FILED** Mar 14, 2008 08:00 AN Secretary of State



DO NOT WOITE IN THE COACE	01202008 No Chg-P CR2E034 (11/05)				
DO NOT WRITE IN THIS SPACE	4. FEI Number Applied For 65-1023578 Not Applied be				
	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					
BERNSTEIN, JEFFREY A 100 N. BISCAYNE BLVD. #2608	DO NOT WRITE				
MIAM!, FL 33132	INI THIC COACE				

IN THIS SPACE

giido enii	gations or registered agent.			
SIGNATURI	E Signeture, typed or printed name of registered agent and title	applicable (NOTE: Registered Agent signature required when reins	tating) DATE	
	ILE NOWIII FEE 18 \$150.00 May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing \$5.00 Mar Trust Fund Contribution.		
10.	OFFICERS AND DIREC	TORS		<del></del>
TITLE	DPVS			
NAME	COLLART, DANIEL			

8. 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. I am familiar with, and accept

STREET ADDRESS 849 NW 170 TERR. CITY-ST-ZIP PEMBROKE PINES, FL 33028 TITLE NAME STREET ADDRESS CITY-ST-712 TITLE NAME STREET ADDRESS

U000000857507 04/01/08-80006-018 150.00

## DO NOT WRITE IN THIS SPACE

NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY+ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

319108

(954) 499-1322

Daytime Phone #