


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90812 001 ***600.00

DOCUMENT # P00000063763	
1. Entity Name TEQUESTA PROPERTIES, INC.	

Principal Place of Business 2525 SOUTHWEST 3RD AVENUE SUITE 304 MIAMI, FL 33129	Mailing Address 2525 SOUTHWEST 3RD AVENUE SUITE 304 MIAMI, FL 33129
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66418062



2. Principal Place of Business 3191 CORAL WAY SUITE 406 MIAMI, FL 33145 USA	3. Mailing Address 3191 CORAL WAY SUITE 406 MIAMI, FL 33145 USA
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04302004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1020669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PILA, TOMAS A ESQ. 2525 SW THIRD AVE. STE 304 MIAMI, FL 33129	7. Name and Address of New Registered Agent Name: PILA, TOMAS A. ESQ. Street Address (P.O. Box Number is Not Acceptable) 3191 CORAL WAY SUITE 406 City: MIAMI FL Zip Code 33145
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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 the obligations of registered agent.

SIGNATURE: TOMAS A. PILA 4/30/04
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PILA, TOMAS A ESQ. 2525 SOUTHWEST 3RD AVENUE MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PILA, TOMAS A. 3191 CORAL WAY SUITE 406 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRESPO, JR., ELOY 2525 SW 3RD AVE., STE. 304 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRESPO, JR. ELOY 3191 CORAL WAY SUITE 406 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 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 an other like empowered.

SIGNATURE: TOMAS A. PILA, PRES. 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #