

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000064395	
1. Entity Name TEPES, INC.	

Principal Place of Business 1734 CORPORATE DRIVE BOYNTON BEACH, FL 33426	Mailing Address 1734 CORPORATE DRIVE BOYNTON BEACH, FL 33426
--	--

DO NOT WRITE IN THIS SPACE

04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1018666	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAZARTE, JUAN C 20839 SONRISA WAY BOCA RATON, FL 33432	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

7. 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing))

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

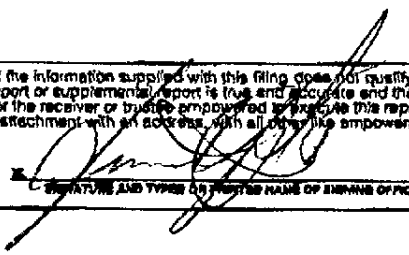
8. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

1000000544060
05/11/06-80021-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAZARTE, JUAN C 20839 SONRISA WAY BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. 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.

SIGNATURE:  **JUAN C. LAZARTE** 04/27/06 (54) 740-1199
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Phone