2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000010673 1. Entity Name TESI TEX DESIGN COMPANY, INC.



Principal Place of Business

514 SANTANDER AVE, SUITE #3 CORAL GABLES, FL 33134 Mailing Address

514 SANTANDER AVE, SUITE #3 CORAL GABLES, FL 33134 FILED
May 17, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

04172007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

65-1080284

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

FRIGNANI, YARA 514 SANTANDER AVE, SUITE #3 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, In the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title	Il applicable (NOTE: Registered	Agent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIGNANI, YARA 514 SANTANDER AVE, SUITE #3 CORAL GABLES, FL 33134				U00000764291 05/30/07-80056-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			: . •	IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplied with an 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:

STREET ADDRESS CITY-ST-ZIP

TATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

11 17,2007

Daytime Phone #