

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000016080

1. Entity Name
TEROSA, INC.



Principal Place of Business Mailing Address
420 US HIGHWAY ONE SUITE 5 **420 US HIGHWAY ONE SUITE 5**
NORTH PALM BEACH FL 33408 **NORTH PALM BEACH FL 33408**



2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1084863** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

TIZZANO, ANTONELLA
420 US HIGHWAY ONE SUITE 5
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **TIZZANO, ANTONELLA**
STREET ADDRESS **382 GOLFVIEW ROAD APT C**
CITY - ST - ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ Change ☐ Addition
NAME **000000309783**
STREET ADDRESS **04/16/05-80051-010 150.00**
CITY - ST - ZIP

TITLE **D** ☐ Delete
NAME **FAIELLA, RICARDO**
STREET ADDRESS **382 GOLFVIEW ROAD APT C**
CITY - ST - ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Antonella Tizzano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05
Date

561 844 9009
Daytime Phone #