2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000033220

1. Entity Name
NTERA, INC.

Principal Place of Business	Mailing Address
1020 NW 163 DR. MIAMI, FL 33169 US	1720 WINDWARD CONCOURSE SUITE 250 ALPHARETTA, GA 30005 US

02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1087850
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TCS CORPORATE SERVICES, INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000

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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 _____ DATE
Signature, typed or printed name of registered agent and title 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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VAZQUEZ, MIGUEL JR
STREET ADDRESS	1020 NW 163 DR.
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	SD
NAME	KIVILCIM, GUVEN
STREET ADDRESS	1020 NW 163 DR.
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	VAROL, GOSKHAN
STREET ADDRESS	1020 NW 163 DR
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	YESIL, ENGIN
STREET ADDRESS	1020 NW 163 DR.
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	DEPRADO, MICHAEL
STREET ADDRESS	1020 NW 163 DR.
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/25/04-80025-021 150.00

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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 all other like empowered.

SIGNATURE: MIKE VAZQUEZ 02/19/2004 (305) 914 34 36
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #