

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000077665**

1. Entity Name  
TELEFORCE INTERNATIONAL, INC.



Principal Place of Business  
6931 N.W. 88TH AVENUE  
TAMARAC, FL 33321

Mailing Address  
6931 N.W. 88TH AVENUE  
TAMARAC, FL 33321

**DO NOT WRITE IN THIS SPACE**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1127492

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SANCHEZ, MARY  
6931 N.W. 88TH AVENUE  
TAMARAC, FL 33321

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IN THIS SPACE**

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, 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	D
NAME	PAPUNEN, SANDRA
STREET ADDRESS	6931 NW 88TH AVENUE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D
NAME	EISDORFER, CHRIS
STREET ADDRESS	6931 NW 88TH AVENUE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	S
NAME	SANCHEZ, MARY
STREET ADDRESS	8412 DUNDEE TERRACE
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

02/04/04-80022-018 150.00

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IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #