

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000102161

1. Entity Name

TELETEC USA, INC.



Principal Place of Business

4403 VINELAND ROAD, B14
ORLANDO, FL 32811

Mailing Address

4403 VINELAND ROAD, B14
ORLANDO, FL 32811

FILED

2005 JUL -13 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/3/05 90092 018 150.00



DO NOT WRITE IN THIS SPACE

06302005 No Chg-P CR2E034 (10/03)

4. FEI Number

52-2353051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHASTANG FERRELL SIMS & EISERMAN, LLC
1400 W. FAIRBANKS AVE.
#102
WINTER PARK, FL 32789

**DO NOT WRITE
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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME EL BANNA, AHMED
STREET ADDRESS 500 GOLFPARK DRIVE
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE D
NAME EL HERAKY, SAHAR
STREET ADDRESS 500 GOLFPARK DRIVE
CITY-ST-ZIP CELEBRATION, FL 34747

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

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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 # _____

7/13/05