## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000000714

Entity Name: TELE TV INC.

FILED Feb 27, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

235 ANTILLA AVE., STE. #3 235 ANTILLA AVE. CORAL GABLES, FL 33134

STE. 3

CORAL GABLES, FL 33134

**Current Mailing Address: New Mailing Address:** 

235 ANTILLA AVE., STE. #3 P.O.BOX 142134

CORAL GABLES, FL 33134 CORAL GABLES, FL 33114

FEI Number: 02-0536935 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PUERTAS, PAULA FERNANDEZ, EDUARDO 235 ANTILLA AVE., STE. #3 235 ANTILLA AVE. CORAL GABLES, FL 33134 STE. 3

CORAL GABLES, FL 33134

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.

SIGNATURE: EDUARDO FERNANDEZ 02/27/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition PUERTAS, PAULA FERNANDEZ, EDUARDO Name: Name: 235 ANTILLA AVE., STE. #3 235 ANTILLA AVE., STE. 3 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete Title: VD (X) Change ( ) Addition

HERNANDEZ, DANIEL HERNANDEZ, DANIEL Name: Name: 235 ANTILLA AVE., STE. #3 235 ANTILLA AVE., STE. 3 Address: Address: CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO FERNANDEZ PD 02/27/2004