

2003

FILED

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

04 APR 28 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000023528	
1. Entity Name Teo Investments, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3829 Heron Ridge Ln. Suite, Apt. #, etc.	3. Mailing Address 3829 Heron Ridge Ln. Suite, Apt. #, etc.
City & State Weston, FL	City & State Weston, FL
Zip 33331	Zip 33331
Country	Country

REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 20-0880539		Applied For ☐ Not Applicable
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name MANUEL DINER Street Address (P.O. Box Number is Not Acceptable) 141 NE 3 Ave, Ste 601 City Miami FL Zip Code 33132		

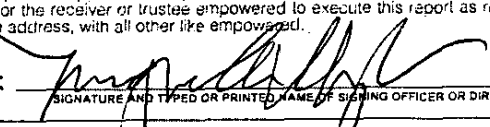
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature of individual named in registered agent's name and not applicable (P.O. Box Number is Not Acceptable) (DATE)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Miguel Caldas 3829 Heron Ridge Lane Weston, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/30/04--01019--001 **600.00 500034805355 04/30/04--01019--001 **600.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	3/28/04	984385-9290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034B (12/02)