

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000037971

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: TEAMS ACROSS AMERICA, INC.

**Current Principal Place of Business:**

18303 NW 15TH LN  
PEMBROKE PINES, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

18303 NW 15TH LN  
PEMBROKE PINES, FL 32025

**New Mailing Address:**

FEI Number: 04-3651934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORREA, MILTON  
18303 NW 15TH LN  
PEMBROKE PINES, FL 33029

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CORREA, MILTON  
Address: 18303 NW 15TH LN  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MILTON CORREA

PD

04/28/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date