## 2007 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

**ANNUAL REPORT** 

1. Entity Name N.M. TESLA, INC.

DOCUMENT # P02000044303



**FILED** Mar 07, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

3220 1ST STREET NORTH ST PETERSBURG, FL 33704 Mailing Address

3220 1ST STREET NORTH ST PETERSBURG, FL 33704



02232007

No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0725563 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IVANOV, DOBRISLAV 3220 1ST STREET NORTH ST PETERSBURG, FL 33704

## 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 Fiorida. I am familiar with, and accept the obligations of registered agent						
SIGNATURE.	•	,		<u>.</u> .		
Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	ing 🗀	\$5.00 May Be Added to Fees	03/15/07-80034-016	150.00
10. OFFICERS AND DIRECTORS						
IITLE	PD					
NAME	IVANOV, DOBRISLAV					
STREET ADDRESS	3220 1ST STREET NORTH					
CITY-ST-ZIP	ST PETERSBURG, FL 33704					
TITLE	STD					
NAME	IVANOV, GORAN					ı
STREET ADDRESS						
CITY-ST-ZiP	ST PETERSBURG, FL 33704					
TITLE						į
NAME						
STREET ADDRESS	DO NOT WRITE					
CITY-ST-ZIP					MOI WINIT	
TITLE				IN .	THIS SPACE	-
NAME				11.4	ino or Aor	
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME STHEET AUDRESS					·	1
CiTY-ST-ZIP						
TITLE NAME	•			-		
STREET ADDRESS				•		
CITY-ST-ZIP				se in section .		1
	portfushed the followed in a second of the second		-			
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further cortify 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 street limit empowered.						