

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90126 025 \*\*\*150.00

DOCUMENT # P02000119708

1. Entity Name  
TELE ONE CORP.



Principal Place of Business  
19380 COLLINS AVENUE  
SUITE 526  
SUNNY ISLES BEACH, FL 33160

Mailing Address  
19380 COLLINS AVENUE  
SUITE 526  
SUNNY ISLES BEACH, FL 33160

14015676



2. Principal Place of Business  
19451 STONEBROOK STREET  
Suite, Apt. #, etc.

3. Mailing Address  
19451 STONEBROOK STREET  
Suite, Apt. #, etc.

04082005 Chg-P CR2E034 (10/03)

City & State  
WESTON, FLORIDA

City & State  
WESTON, FLORIDA

4. FEI Number  
57-1138182  
Applied For  
Not Applicable

Zip  
33332

Country  
USA

Zip  
33332

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CHACON, DOLLY  
19380 COLLINS AVENUE  
SUITE 526  
SUNNY ISLES BEACH, FL 33160

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
19451 STONEBROOK STREET  
City  
WESTON FL Zip Code  
33332

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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CHACON, DOLLY  
19380 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
19451 STONEBROOK STREET  
WESTON, FLORIDA 33332

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Dolly Chacon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOLLY CHACON

Date

Daytime Phone #

4-26-05 (305) 279-1288