

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90361 009 \*\*\*150.00

**DOCUMENT # P03000004799**

1. Entity Name

T.E.A.R. CORP.



Principal Place of Business

7850 BYRON AVE., #403  
MIAMI BCH FL 33141

Mailing Address

7850 BYRON AVE., #403  
MIAMI BCH FL 33141

2. Principal Place of Business

1820 NW 33rd St.

3. Mailing Address

1820 NW 33rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33142

Country

USA

Zip

33142

Country

USA

4. FEI Number

42-1593352

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

REYES, REGLA T  
7850 BYRON AVE., #403  
MIAMI BCH FL 33141

7. Name and Address of New Registered Agent

Name: Regla T. Reyes  
Street Address (P.O. Box Number is not Acceptable):  
1820 NW 33rd St.  
City: Miami FL Zip Code: 33142

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REYES, REGLA T	
STREET ADDRESS	7850 BYRON AVE., #403	
CITY-ST-ZIP	MIAMI BCH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALADRO, ERYSLANDI	
STREET ADDRESS	7850 BYRON AVE., #403	
CITY-ST-ZIP	MIAMI BCH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reyes, Regla T.	
STREET ADDRESS	1820 NW 33rd St.	
CITY-ST-ZIP	Miami, FL 33142	
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aladro, Eryslandi	
STREET ADDRESS	1820 NW 33rd St.	
CITY-ST-ZIP	Miami, FL 33142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/04