


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 SEP 29 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000005011	
1. Entity Name TERATRONIC CORP.	

Principal Place of Business 3370 N.E. 190TH STREET APT. 1206 AVENTURA, FL 33180	Mailing Address 3370 N.E. 190TH STREET APT. 1206 AVENTURA, FL 33180
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2. Principal Place of Business 701 Brickell Key Blvd Suite, Apt. #, etc. # 2006 City & State Miami, FL Zip 33131 Country U.S. A	3. Mailing Address 701 Brickell Key Blvd Suite, Apt. #, etc. # 2006 City & State Miami, FL Zip 33131 Country U.S. A
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09282004 Chg-P CR2E034 (10/03)

4. FEI Number  
20-161-2124  
Applied For  
☐ Not Applicable

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

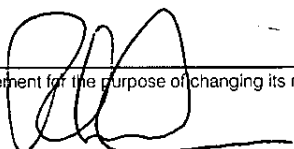
6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.  
103 NORTH MERIDIAN STREET  
LOWER LEVEL  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name Ronald Monahan  
Street Address (P.O. Box Number is Not Acceptable)  
5201 Blue Lagoon Drive 9th Floor  
City Miami FL Zip Code 33126

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  DATE 9/28/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, DANNY 3370 N.E. 190TH STREET, APT. 1206 AVENTURA, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, SALOMON 3370 N.E. 190TH STREET, APT. 1206 AVENTURA, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	701 Brickell Key Blvd # 2006 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	701 Brickell Key Blvd. # 2006 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400041496194 09/30/04--01051--002 **558.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Danny Moreno DATE: 28/09/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR