2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 10, 2006 08:00 AM *DOCUMENT # P03000029059 Secretary of State 1. Entity Name TERADI CORPORATION Principal Place of Business Mailing Address 14105 SW 66TH ST., UNIT C-5 MIAMI FL 33183 14105 SW 66TH ST., UNIT C-5 MIAMI FL 33183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 16-1657754 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PONS, RAUL M 14105 SW 66TH ST., UNIT C-5 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33183** City Zip Code 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 primed name of represented agent and life if applicable (NOTE Registered Agent argnature required when teinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fess Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE 0 ☐ Defete TITLE ☐ Change ☐ Addition NAME PONS, RAUL M NAME U00000499551 STREET ADDRESS 14105 SW 66TH ST., UNIT C-5 STREET ADDRESS 04/24/06-80034-014 150.00 CITY-SI-ZIP MIAMI FL 33183 CITY-ST-ZIP Defete TITLE TITLE Change □ Addilion NAME PONS, DIANA I NAME STREET ADDRESS 14105 SW 66TH ST., UNIT C-5 STREET ADDRESS CITY-ST-7/P MIAM! FL 33183 CITY-SI-ZIP TITLE ☐ Defete Charge ■ Addition THE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TUCE ☐ Change Addition NAME MAME STREET AGERESS. STREET ADDRESS CITY-ST-ZIP City-St-78 33715 Delete ☐ Change TITLE Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. 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:

RAUL POWS

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