

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90020 035 ***150.00

DOCUMENT # P03000034766					
1. Entity Name TELEVENTAS, INC.					
Principal Place of Business 1770 NE 191 STREET #206 NORTH MIAMI BEACH, FL 33179			Mailing Address 1770 NE 191 STREET #206 NORTH MIAMI BEACH, FL 33179		
2. Principal Place of Business 300 So Holly Brook Dr Suite, Apt. #, etc. # 64-305 City & State Pembroke Pines, FL Zip 33025 Country USA		3. Mailing Address 300 So Holly Brook Dr Suite, Apt. #, etc. # 64-305 City & State Pembroke Pines, FL Zip 33025 Country USA			
4. FEI Number 56-2336248		01292004 Chg-P CR2E034 (10/03)			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALLER, TERESA 1770 NE 191 STREET #206 NORTH MIAMI BEACH, FL 33179			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300 So Holly Brook Dr # 64-305 City Pembroke Pines FL Zip Code 33025		
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: <i>[Signature]</i> DATE: <i>Mar 13 - 2004</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLER, TERESA 1770 NE 191 STREET, #206 NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 So Holly Brook Dr # 64-305 Pembroke Pines, FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-14-04 <i>PRESIDENT</i> <small>Date Daytime Phone #</small>		