

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 10, 2005 8:00 am
Secretary of State

08-10-2005 90016 016 ***150.00

DOCUMENT # P03000088355



1. Entity Name

TELE-AUTOMATION INC

Principal Place of Business

250 174TH ST WINSTON TOWERS BLD 100 #
SUNNY ISLES BCH FL 33160

Mailing Address

2414 MORRIS AVENUE
C/O H. CHERNOFF
UNION NJ 07083

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1209136

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELDSHER, ELIA
250 174TH ST WINSTON TOWERS BLD 100 #1912
SUNNY ISLES BCH FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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

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 **P** ☐ Delete
NAME **FELDSHER, ELIA**
STREET ADDRESS **250 174TH ST WINSTON TOWERS BLD 100 #1912**
CITY- ST- ZIP **SUNNY ISLES BCH FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 :

Elia Feldsher

ELIA FELDSHER

(908) 810-7750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Howard Chernoff & Company
Certified Public Accountants

ATTACHMENT

2414 Morris Avenue
Union, New Jersey 07083
Phone: (908) 810-7750
Fax: (908) 810-7202

Howard Chernoff CPA
Tracy Beveridge CPA

50060835
#P03000088355

Monday, August 01, 2005

Division of Corporations
Annual Report Section
Tallahassee FL

Re: Enclosed Annual Report for Tele-Automation

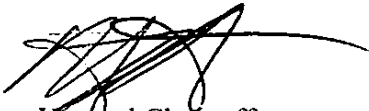
Dear Madam/Sir:

I never received a copy of the Annual Report Form and had to call for a copy to be be mailed to me for filing.

Please abate the penalty. I only received the form July 23, 2005.

Please forward the future mailings of the report to my address as shown at the bottom of the form. I shall make sure that if you do it will be filed timely.

Sincerely:



Howard Chernoff

HC:me

Encl.

cc: Tele-Automation