

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90099 048 ***150.00

DOCUMENT # P03000097028					
1. Entity Name MIAMI TENO, INC.					
Principal Place of Business 831 LINCOLN ROAD MIAMI BEACH, FL 33139			Mailing Address 65 SPRING STREET GROUND FLOOR EAST NEW YORK CITY, NY 10012		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0200277	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GORDON, GIL 1111 COLLINS AVENUE #327 MIAMI BEACH, FL 33139			Name <u>GORDON, GIL</u> Street Address (P.O. Box Number is Not Acceptable) <u>831 LINCOLN ROAD</u> City <u>MIAMI BEACH</u> <u>FL</u> Zip Code <u>33139</u>		
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 <u>[Signature]</u> DATE <u>4-17-08</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME GORDON, GIL		TITLE PRESIDENT	NAME GORDON, GIL	
STREET ADDRESS 1111 COLLINS AVENUE #327	STREET ADDRESS 1111 COLLINS AVENUE #327		STREET ADDRESS 65 SPRING STREET	STREET ADDRESS 65 SPRING STREET	
CITY-ST-ZIP MIAMI BEACH, FL 33139	CITY-ST-ZIP MIAMI BEACH, FL 33139		CITY-ST-ZIP NEW YORK CITY, NY 10012	CITY-ST-ZIP NEW YORK CITY, NY 10012	
TITLE S	NAME SHARONI, ODED		TITLE 	NAME 	
STREET ADDRESS 1450 LINCOLN ROAD	STREET ADDRESS 1450 LINCOLN ROAD		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP MIAMI BEACH, FL 33139	CITY-ST-ZIP MIAMI BEACH, FL 33139		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	STREET ADDRESS 		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP 	CITY-ST-ZIP 		CITY-ST-ZIP 	CITY-ST-ZIP 	
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TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	STREET ADDRESS 		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP 	CITY-ST-ZIP 		CITY-ST-ZIP 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>GIL GORDON</u> DATE <u>4/17/08</u> DAYTIME PHONE # <u>9175325252</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					