

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # P04000023184

1. Entity Name
TESI, INC.



Principal Place of Business
200 S.W. 1ST STREET
BELLE GLADE, FL 33430

Mailing Address
200 S.W. 1ST STREET
BELLE GLADE, FL 33430



03032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0762963

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, GILBERTO
200 S.W. 1ST STREET
BELLE GLADE, FL 33430

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IN THIS SPACE**

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: *Gilberto Alvarez* 3/19/07
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ALVAREZ, GILBERTO
STREET ADDRESS 400 N.E. 2ND STREET
CITY-ST- ZIP BELLE GLADE, FL 33430

TITLE D
NAME ALVAREZ, ROBERT
STREET ADDRESS 601 N.E. 2ND STREET
CITY-ST- ZIP BELLE GLADE, FL 33430

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

U000000675067
03/30/07-80004-009 150.00

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IN THIS SPACE**

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: *Gilberto Alvarez* 3/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #