## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 13, 2006 08:00 AM Secretary of State DOCUMENT # P04000171841 1. Entity Name TEJEDA INVESTMENTS, INC. Principal Place of Business Mailing Address 6206 NW 194TH STREET 6206 NW 194TH STREET MIAMI, FL 33015 MIAMI, FL 33015 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 34-2022933 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHAT A REFUND, INC. DO NOT WRITE 8200 W 33RD AVE STE 15 HIALEAH, FL 33018 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, 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, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE TEJEDA, RENE NAME 6206 NW 194TH STREET STREET ADDRESS U00000385881 01/18/06-80035-017 158.75 CITY-ST-ZIP MIAMI, FL 33015 TITLE NAME STREET ADDRESS CITY-ST-ZIP TiTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 the 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 of 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

SIGNATURE:

CITY-ST-782 TITLE NAME STREET ADDRESS CITY-ST-ZIP

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**