

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000052588

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** TELERIN INTERNATIONAL CRP.

**Current Principal Place of Business:**

901 PONCE DE LEON BLVD SUITE 501  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

901 PONCE DE LEON BLVD SUITE 501  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-2680764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IRIONDO, ANDRES J  
901 PONCE DE LEON BLVD SUITE 501  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

RODRIGUEZ, FERNANDO R  
901 PONCE DE LEON BLVD SUITE 501  
CORAL GABLES, FL 33134 US

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.

**SIGNATURE:** FERNANDO R RODRIGUEZ

04/19/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPS  
**Name:** BENACERRAF, FORTUNATO  
**Address:** 901 PONCE DE LEON BLVD SUITE 501  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** DVT  
**Name:** DE ROSTOKER, SETE C  
**Address:** 901 PONCE DE LEON BLVD SUITE 501  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** FORTUNATO BENACERRAF

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04/19/2010

Electronic Signature of Signing Officer or Director

Date