2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P05000097104

1. Entity Name

TESIS CARPENTRY CORP.



FILED Feb 04, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

13240 SW 57TH TERRACE

13240 SW 57TH TERRACE APT 3

APT 3

MIAMI, FL 33183

MIAMI, FL 33183



DO NOT WRITE IN THIS SPACE

01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3131004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOSA, GONZALO PEREZ **13240 SW 57TH TERRACE** APT 3 MIAMI, FL 33183

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| | e named entity submits this statement for the pations of registered agent. | ourpose of changing its registere | d office or r | egistered agent, or be | oth, in the State of Florida. I am familiar with, and accept |
|----------------|--|--|-------------------|--------------------------------|--|
| ATURE. | | ···· | | | · |
| | Signature, typed or printed name of registered agent and title | if applicable (NOTE Registered | l Agent signature | required when reinstating) | DATE |
| | E NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | |
| -) | OFFICERS AND DIRECTORS | | | | ' |
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| N. 3 | PEREZ, GONZALO | | | | |
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| TITLE | 1 | | | | |
| NAME | | | | | · · · · · · · · · · · · · · · · · · · |
| STREET ADDRESS | | | | | |

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12. I nereby 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: .

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP