## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPURI				ı FILED			
DOCUMENT # P05000145573							
1. Entity Name TESTA ENTERPRISES, INC.				06 OCT -6 AH II: 22			
					TALLAHASS	THE STATE	
Principal Place of Business Mailing Address					1441 411400	ully I Livinion	
4343 W. KENNEDY BLVD P.O. BOX 456 TAMPA, FL 33637 MANGO, FL 33550				,			06
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Principal Place of Business     3. Malling Address				OLL SI	06 90066 C	34 8150	
Suite, Apt. #, etc.	Suite, Apl. #, etc.			02202006	Chg-P	CR2E034 (11/05)	
City & State City & State				4. FEI Numb	0759126		pplied For ot Applicable
Zip Country	Zip	Countr	гу	5. Certificate	oi Status Desired	□ \$8.75 Ad- Fee Require	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name				
RORY B. WEINER, P.A.							
669A WEST LUMSDEN BRANDON, FL 33511			Street Address (P.O. Box Number is Not Acceptable)				
			Cily	<u> </u>		FL Zip Cod	le
The above named entity submits this statement for the purpose of changing its register			d office or register	ed agent, or bo	oth, in the State of Flori		, and accept
the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of regulatered agent and title d 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 Trust Fund Contribution.  S5.00 May 8e Added to Fees							
10. OFFICERS AND DIRECTORS 11.				ADDITIONS	/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11
		TITLE	1			☐ Change	☐ Addition
STREET ADDRESS 4343 W. KENNEDY BLVD.			T ADDRESS ST-ZIP				
TITLE	Delete mi					☐ Change	Addition
NAME	NAM						
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NAME Street address		NAME STREE	T ADDRESS				
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CITY-ST-ZIP			ST-ZIP	N - Ob	O Florid - Ct-1	ashan and the second	nformatic :
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.							
					12/06	813 <sup>-</sup> 477-4673	
SIGNATURE: CRUCK Lesto 71706 4771677							