

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 27, 2006 8:00 am
Secretary of State

01-24-2006 90012 032 ***150.00

DOCUMENT # P05000147147 1. Entity Name 2805 TEQ III, INC.			
Principal Place of Business 1500 SAN REMO AVE STE 103 CORAL GABLES, FL 33146		Mailing Address 1500 SAN REMO AVE STE 103 CORAL GABLES, FL 33146	
2. Principal Place of Business <i>1500 San Remo Ave</i> Suite, Apt. #, etc. <i>Suite 248</i> City & State <i>Coral Gables</i> Zip <i>33146</i>		3. Mailing Address <i>1500 San Remo Ave</i> Suite, Apt. #, etc. <i>Suite 248</i> City & State <i>Coral Gables</i> Zip <i>33146</i>	
4. FEI Number 01102006		Chg-P CR2E034 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BARED AND ASSOC., PA 1500 SAN REMO AVE STE 103 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMARGO, VIRGINIA 1500 SAN REMO AVE - STE 103 CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENITO LA CRUZ, JOSE 1500 SAN REMO AVE - STE 103 CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>V. Camargo D</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>1/10/06</i> Daytime Phone #: <i>305 666 6010</i>	

66002680





ATTACHMENT

66002680

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

2805 TEQ III, INC.
1500 SAN REMO AVE
SUITE 248
CORAL GABLES, FL 33146

Subject: 2805 TEQ III, INC.

Reference Number: P05000147147

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION



ATTACHMENT

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2006

SAXONY O CONDOMINIUM ASSOCIATION, INC.
718 SAXONY O
DELRAY BCH, FL 33446

Subject: SAXONY O CONDOMINIUM ASSOCIATION, INC.

Reference Number: **N01000008875**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM
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