

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158603

Entity Name: TENG SOUTH 2, INC.

FILED
Sep 05, 2008
Secretary of State

Current Principal Place of Business:

4000 SW 40TH AVE
PEMBROKE PINES, FL 33023

New Principal Place of Business:

Current Mailing Address:

5550 SW 67TH TERRACE
DAVIE, FL 33314

New Mailing Address:

FEI Number: 20-3871171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, NECTALIER JR
5550 SW 67TH TERRACE
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, NECTALIER JR
Address: 5550 SW 67TH TERRACE
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: TRUJILLO, EDELBERTO
Address: 5550 SW 67TH TERRACE
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NECTALIER GONZALEZ

MEMB

09/05/2008

Electronic Signature of Signing Officer or Director

Date