

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000088678

1. Entity Name  
TERSUS, INC.



**FILED**  
**Sep 12, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
6450 COLLINS AVENUE #309  
MIAMI BEACH, FL 33141

Mailing Address  
6450 COLLINS AVENUE #309  
MIAMI BEACH, FL 33141



**DO NOT WRITE IN THIS SPACE**

09112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
56-2597805

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ESTADELLA, RODRIGO  
6450 COLLINS AVENUE #309  
MIAMI BEACH, FL 33141

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ESTADELLA, RODRIGO  
6450 COLLINS AVENUE #309  
MIAMI BEACH, FL 33141

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RIVADENEIRA, ROSANNA  
6450 COLLINS AVENUE #309  
MIAMI BEACH, FL 33141

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000959596  
03/12/08-80003-007 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSANNA RIVADENEIRA-DIRECTOR 09/11/08 - (305) 433-2792

Date

Daytime Phone #