

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000065007

Entity Name: TEKTONIX INC.

FILED  
Jan 16, 2009  
Secretary of State

## Current Principal Place of Business:

8920 NW 147 TER  
MIAMI LAKES, FL 33018

## New Principal Place of Business:

50 W 53 TER  
HIALEAH, FL 33012

## Current Mailing Address:

8920 NW 147 TER  
MIAMI LAKES, FL 33018

## New Mailing Address:

50 W 53 TER  
HIALEAH, FL 33012

FEI Number: 59-3842582

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARBALLO, JOSEPH A  
806 DOUGLAS ROAD  
SUITE 625  
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VILA, MARCELO JR.  
Address: 8920 NW 147 TER  
City-St-Zip: MIAMI LAKES, FL 33018 US

Title: S ( ) Delete  
Name: WEISS, ERIC S  
Address: 8920 NW 147 TER  
City-St-Zip: MIAMI LAKES, FL 33018 US

Title: T ( ) Delete  
Name: POSADA, JORGE L JR.  
Address: 8920 NW 147 TER  
City-St-Zip: MIAMI LAKES, FL 33018 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition  
Name: ACOSTA, JIMMY L JR.  
Address: 50 W 53 TER  
City-St-Zip: HIALEAH, FL 33012 US

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: JIMMY ACOSTA

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date