2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State
01-22-2008 90079 010 ***150.00

DOCUMENT # P07000071797

1. Entity Name
TEPUY ELECTRONICS, INC

400081 11

Principal Place of Business	Mailing Address
7891 REFLECTION COVE DR 207 FORT MYERS, FL 33907	7891 REFLECTION COVE DR 207 FORT MYERS, FL 33907

01172008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5368 GLENLIVET RD.	5368 GLENLIVET RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS FL.	City & State: FORT MYERS FL
Zip: 33907. Country:	Zip: 33907. Country:

4. FEI Number: 26-0393757 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALONZO, CESAR E 7891 REFLECTION COVE DR 207 FORT MYERS, FL 33907	Name: ALONZO, CESAR E. Street Address (P.O. Box Number is Not Acceptable): 5368 GLENLIVET RD. City: FORT MYERS FL Zip Code: 33907

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: x Cesar E. Alonzo. CESAR E. ALONZO. 01/17/08.
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
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P ALONZO, CESAR E 7891 REFLECTION COVE DR APT. 207 FORT MYERS, FL 33907	☐ Delete	P. ALONZO, CESAR E. 5368 GLENLIVET RD. FORT MYERS FL 33907.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALONZO QUIJADA, JACOBO A 7891 REFLECTION COVE DR APT 207 FORT MYERS, FL 33907	☐ Delete	VP ALONZO QUIJADA, JACOBO A. 9854 BERNWOOD PLACE DR APT 212 FORT MYERS, FL 33966.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: x Cesar E. Alonzo. CESAR E. ALONZO. 1/17/08 (239)287-7910.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #