


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

01-23-2008 90005 011 ***150.00

DOCUMENT # P07000096937		
1. Entity Name TISERA FULL SERVICES CORP		

66003033



Principal Place of Business 283 SHORT STREET LAKE MARY, FL 32746	Mailing Address 283 SHORT STREET LAKE MARY, FL 32746
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 260837407	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

03072008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent TISERA, FERNANDO 283 SHORT STREET LAKE MARY, FL 32746		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TISERA, FERNANDO S 283 SHORT STREET LAKE MARY, FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TISERA, RAMIRO G 283 SHORT STREET LAKE MARY, FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TISERA, RODRIGO F 283 SHORT STREET LAKE MARY, FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TISERA, GONZALO D 283 SHORT STREET LAKE MARY, FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CORRECTIONS HAVE BEEN MADE TO FEI NUMBER.	
- PLEASE NOTE THAT YOUR LETTER WAS DATED 01/29/07, BUT I JUST RECEIVED IT TODAY, 03/07/08	
Thank you.	

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

03-07-08 407-322-2141

Date Daytime Phone #