

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000090637

Entity Name: TELESEGUNDO, INC.

FILED  
Jul 20, 2009  
Secretary of State

## Current Principal Place of Business:

11890 SW 8TH STREET  
SUITE 209  
MIAMI, FL 33184 US

## New Principal Place of Business:

## Current Mailing Address:

11890 SW 8TH STREET  
SUITE 209  
MIAMI, FL 33184 US

## New Mailing Address:

FEI Number: 26-3488867      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NOTTARO, RAFAEL  
11890 SW 8TH STREET  
SUITE 209  
MIAMI, FL 33184 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: PSD ( ) Delete  
Name: NOTTARO, RAFAEL  
Address: 11890 SW 8TH STREET SUITE 209  
City-St-Zip: MIAMI, FL 33184 US

Title: VD ( ) Delete  
Name: SOSA, MANUEL  
Address: 11890 SW 8TH STREET  
City-St-Zip: MIAMI, FL 33184 US

Title: TD ( ) Delete  
Name: BOTELLO, PABLO  
Address: 11890 SW 8TH STREET. SUITE 209  
City-St-Zip: MIAMI, FL 33184 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: RAFAEL NOTTARO

PSD

07/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date