


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90059 009 ***150.00

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| DOCUMENT # P92000008173 |  |
| 1. Entity Name TESMER PROPERTIES, INC. | |

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|---|---|
| Principal Place of Business 10264 SW 26 TERRACE MIAMI, FL 33165 | Mailing Address 10264 SW 26 TERRACE MIAMI, FL 33165 |
|---|---|

DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

| | |
|---|-------------------------------|
| 4. FEI Number 65-0375347 | Applied For Not Applicable |
| -5- Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent SUAREZ, MANUEL H 10264 SW 26 TERRACE MIAMI, FL 33165 | |
|---|--|

**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 _____ (NOTE: Registered Agent signature required when consisting)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

| | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP SUAREZ, MANUEL H 10264 SW 26 TERRACE MIAMI, FL 33165 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP RODRIGUEZ, HILDA T 2200 SW 67 AVENUE MIAMI, FL 33155 |
| 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 | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MANUEL H SUAREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/04 (305) 554-1545
Date Daytime Phone #