


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000048112 1. Entity Name TEJOBE FLORIDA, INC.	
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Principal Place of Business 200 S. BISCAYNE BLVD #4100 MIAMI, FL 33131	Mailing Address 200 S. BISCAYNE BLVD #4100 SUITE 305 MIAMI, FL 33131 US
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DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-6156568	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

CORPORATE INTERNATIONAL REGISTERED AGENTS
200 S. BISCAYNE BLVD #4100
MIAMI, FL 33131

**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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	D RODRIGUEZ, FERMIN 200 S BISCAYNE BLVD #4100 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, MARIA T 200 S BISCAYNE BLVD #4100 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, MARIA B 200 S. BISCAYNE BLVD #4100 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000104086
04/05/04-80083-002 150.00

**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 persons empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/2004
Date

(705) 3653670
Daytime Phone #