

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90025 037 ***150.00

DOCUMENT # P94000048112

1. Entity Name
TEJOBE FLORIDA, INC.



Principal Place of Business
**200 S. BISCAYNE BLVD #4100
MIAMI, FL 33131**

Mailing Address
**200 S. BISCAYNE BLVD #4100
SUITE 3
MIAMI, FL 33131 US**

400430



2. Principal Place of Business
**806 Douglas Road
Suite, Apt. #, etc.
Suite 580**

3. Mailing Address
**806 Douglas Road
Suite, Apt. #, etc.
Suite 580**

01062006 Chg-P CR2E034 (11/05)

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number
65-6156568

Applied For
☐ Not Applicable

Zip
33134

Country
US

Zip
33134

Country
US

5. Certificate of Status Desired ☐ \$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**

7. Name and Address of New Registered Agent

Name
Registered Agent Corporate Services Inc.
Street Address (P.O. Box Number is Not Acceptable)
**806 Douglas Road
Suite 580
Coral Gables FL Zip Code 33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/24/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MARIA T 200 S BISCAYNE BLVD #4100 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MARIA B 200 S. BISCAYNE BLVD #4100 MIAMI, FL 33131 <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
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	D RODRIGUEZ, FERMIN 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MARIA T. 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MARIA B. 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/2006
Date

305 361 3643
Daytime Phone #