2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2006 08:00 AM Secretary of State

DOCUMENT # P	295000082766	S
1. Entity Name		
TELEUNION, CORP.		



Principal Place of Business

Mailing Address

5665 S.W. 137TH AVE. MIAMI, FL 33183

5665 S.W. 137TH AVE. MAMI, FL 33183



DO NOT WRITE IN THIS SPACE

3102006	No Chg-P	CR2E034 (11/05)	

4. FEI Number 65-0617997

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUARTAS, ALVARO

DO NOT WRITE

5665 S.W. 137TH AVE. MIAMI, FL 33183			IN THIS SPACE			
8. The above the obligar	named entity submits this statement for the pricions of registered agent.	rpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar will	, and accept
SIGNATURE.	Signature, typed or printed reme of registered agers, and stile if	applicable (NOTE Registere	d Agent signature	required when reinstating)	DATE	_ -
FIL After M	E NOW(() FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	000000505617 04/26/06-80125-00	3 158.75
10.	OFFICERS AND DIRECT	TORS_	I		<u> </u>	:
TITLE HAME STREET ADDRESS CITY-ST-ZIP	OPT CUARTAS, ALVARO 5865 S.W. 137TH AVE. MIAMI, FL 33183			·	· · · · · · · · · · · · · · · · · · ·	. <u>-</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	er en	
TITLE NAME STREET ADDRESS CITY-SY-ZIP				DO	NOT WRITE	
title Name Street Address City-St-Zip				IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·		!
TITCE NAME STREET ADDRESS CITY-ST-ZIP					. .	

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 AND TYPED OR PRINTED NAME OF SYCHING OFFICER OR DIRECTOR PYES! DENT