

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90176 023 ***150.00

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1. Entity Name

ENTERPRISES TELONFA OF MIAMI, INC.



Principal Place of Business

1313 PONCE DE LEON BLVD., STE 200
CORAL GABLES FL 33134

Mailing Address

1313 PONCE DE LEON BLVD., STE 200
CORAL GABLES FL 33134



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

717 Ponce de Leon Boulevard

717 Ponce de Leon Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

211

211

City & State

City & State

Coral Gables, Florida

Coral Gables, Florida

Zip

Country

Zip

Country

33134

USA

33134

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

65-0646542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUESADA, FRANK G ESQ
1313 PONCE DE LEON BLVD. #200
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME TELLEZ, GUSTAVO ☐ Delete
STREET ADDRESS 1313 PONCE DE LEON BLVD., STE 200
CITY - ST - ZIP CORAL GABLES FL 33134

TITLE D
NAME QUESADA, FRANK G ESQ ☐ Delete
STREET ADDRESS 1313 PONCE DE LEON BLVD., STE 200
CITY - ST - ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE P
NAME Tellez, Gustavo ☒ Change ☐ Addition
STREET ADDRESS 101 Grand Boulevard #177
CITY - ST - ZIP Key Biscayne, FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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 Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/07

786-663-1783

Date

Daytime Phone #