

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094447

FILED  
Mar 29, 2009  
Secretary of State

Entity Name: ENTERPRISES TELONFA OF MIAMI, INC.

## Current Principal Place of Business:

717 PONCE DE LEON BLVD  
211  
CORAL GABLES, FL 33134

## New Principal Place of Business:

476 SW 8 STREET  
MIAMI, FL 33130

## Current Mailing Address:

717 PONCE DE LEON BLVD  
211  
CORAL GABLES, FL 33134

## New Mailing Address:

101 CRANDON BOULEVARD  
SUITE 177  
KEY BISCAYNE, FL 33149

FEI Number: 65-0646542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TELLEZ, GUSTAVO  
Address: 717 PONCE DE LEON BLVD #211  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: FANDINO, LILIA C  
Address: 717 PONCE DE LEON BLVD # 211  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TELLEZ, GUSTAVO MR  
Address: 717 PONCE DE LEON BLVD #211  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO TELLEZ

P

03/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date