

Apr 25 05 10:55a

George P Denis

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90358 003 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P96000079749 1. Entity Name TEMADA INC.					
Principal Place of Business 1900 NE 154TH ST NORTH MIAMI BCH, FL 33162 US			Mailing Address 1900 NE 154TH ST NORTH MIAMI BCH, FL 33162 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-0766931	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEJERA, DAMIAN 8422 COLLINS AVE MIAMI, FL 33134				7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when accepting DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00			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 NAME STREET ADDRESS CITY- ST- ZIP	PS TEJERA, DAMIAN C		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPT TEJERA, MARIA C 8422 COLLINS AVE MIAMI BEACH, FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____			Date 4/25/05 (305) 944-1060		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					