

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90113 015 ***150.00

DOCUMENT # P97000009248

1. Entity Name

TESSY ALL CORP.



Principal Place of Business

Mailing Address

2491 NW 7TH ST
MIAMI FL 33125-3150

P.O. BOX 278502
MIRAMAR FL 33027-8502

2. Principal Place of Business

3. Mailing Address

4380 SW 153 TERB.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIRAMAR FL

Zip

Country

Zip

Country

33027

Broward

4. FEI Number

65-0755290

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

MENDIZABAL, OCTAVIO L
2491 NW 7 STREET
MIAMI FL 33125-3150

Name

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

4380 SW 153 TERB

City

FL

Zip Code

33027

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

OCTAVIO L. MENDIZABAL

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

(NOTE: Registered Agent signature required when reinstating)

04/04/06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MENDIZABAL, OCTAVIO L
2491 NW 7TH ST
MIAMI FL 33125-3150

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
4380 SW 153 TERB
MIRAMAR FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MENDIZABAL, MARGARITA
2491 NW 7 ST
MIAMI FL 33125-3150

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
4380 SW 153 TERB
MIRAMAR FL 33027

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

OCTAVIO L. MENDIZABAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/06 305 821 8042

Date

Daytime Phone #