


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000017476	
1. Entity Name TEJA & ASSOCIATES, INC.	

Principal Place of Business POST OFFICE BOX 601683 MIAMI FL 33160-1683	Mailing Address POST OFFICE BOX 601683 MIAMI FL 33160-1683
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0734917	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--

6. Name and Address of Current Registered Agent POWELL, NORMAN C 200 SO BISCAYNE BLVD. STE 2100 MIAMI FL 33131
--

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agents signature required when reinstating)	DATE _____
--	---	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DUFFIE, ALBEN K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>790 NW 153RD ST</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI FL 33169</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	DUFFIE, ALBEN K		STREET ADDRESS	790 NW 153RD ST		CITY- ST- ZIP	MIAMI FL 33169		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>U00000036631</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>02/06/04-80064-018</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>150.00</td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	U00000036631		STREET ADDRESS	02/06/04-80064-018		CITY- ST- ZIP	150.00	
TITLE	D	<input type="checkbox"/> Delete																							
NAME	DUFFIE, ALBEN K																								
STREET ADDRESS	790 NW 153RD ST																								
CITY- ST- ZIP	MIAMI FL 33169																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	U00000036631																								
STREET ADDRESS	02/06/04-80064-018																								
CITY- ST- ZIP	150.00																								

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Alben Duffie	Date: Jan. 31, 2004	Daytime Phone #: 305-799-3719
--	----------------------------	--------------------------------------