## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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## Mar 18, 2005 8:00 am Secretary of State DOCUMENT # P97000039772 03-18-2005 90051 033 \*\*\*150.00 TEQUESTA INVESTMENTS, INC. Principal Place of Business Mailing Address C/O MIKE NUNEZ C/O MIKE NUNEZ 12445 KEYSTONE ISLAND DRIVE 12445 KEYSTONE ISLAND DRIVE N. MIAMI, FL 33181 N. MIAMI, FL 33181 2. Principal Place of Business 3. Mailing Address 2531 Dec 1531 DER Suite, Apt, #, etc. Suite, Apt. #, etc. 01042005 Chg-P CR2E034 (10/03) Civ & State LACIDERDALE 4. FEI Number Applied For FORT LAUDETEDALE 65-0757873 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent address C NUNEZ. MIKE Street Address (P.O. Box Number is Not Acceptable) -12445 KEYSTONETSLAND DRIVE NORTH MIAMI, FL-33181 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 regist SIGNATURE Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete 2531 DEZ LAGO DR NUNEZ, MIKE NAME NAME STREET ADDRESS 12445 KEYSTONE ISLAND DR STREET ADDRESS FORT LAUDERDALE FL 33316 CITY-ST-7/P NORTH MIAMI, FL 33181 CITY-ST-7P (address Bry) ☐ Delete TITLE TITLE NAME NUNEZ, DEBRA NAME 17 HARBORAGE 15. DR. 12445 KEYSTONE ISLAND DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33181 CITY-ST-ZEP FORT LAUDHOLOGIC FI 33316 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fitting 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 trusted 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: \_

**FILED**