

\$150

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000040047

1. Entity Name  
TESLA MANAGEMENT, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 26 AM 8:00

Principal Place of Business  
C/O OMI GROUP INC,  
2200 N COMMERCE PKWY #100  
FORT LAUDERDALE FL 33326 US

Mailing Address  
C/O OMI GROUP INC,  
2200 N COMMERCE PKWY #100  
FORT LAUDERDALE FL 33326 US



02202004 Chg-P CR2E034 (10/03)

MRS

2. Principal Place of Business  
2200 N COMMERCE PKWY  
Suite, Apt. #, etc.  
#100  
City & State  
WESTON, FL  
Zip  
33326  
Country  
US

3. Mailing Address  
2200 N COMMERCE PKWY  
Suite, Apt. #, etc.  
#100  
City & State  
WESTON, FL  
Zip  
33326  
Country  
US

4. FEI Number  
65-0751296  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MARIO R. DELGADO, P.A.  
2000 PONCE DE LEON BLVD.  
#102  
CORAL GABLES, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	ACOSTA, NELSON	801 S. UNIVERSITY DR. STE. K103A	PLANTATION, FL 33324	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2200 N COMMERCE PKWY, #100	WESTON, FL 33326	<input type="checkbox"/>
		300034065403	04/27/04--01034--001	**6950.00
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR