

2004 FOR PROFIT CORPORATION ANNUAL REPORT

#150

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 26 AM 8:00



DOCUMENT # P98000011115

1. Entity Name
TESLA, INC.

Principal Place of Business
C/O OMI GROUP, INC.
2200 COMERCIAL PKWY
WESTON, FL 33326 US

Mailing Address
C/O OMI GROUP, INC.
2200 COMERCIAL PKWY
WESTON, FL 33326 US



2. Principal Place of Business
2200 N COMMERCE PKWY
Suite, Apt. #, etc.
#100

3. Mailing Address
2200 N COMMERCE PKWY
Suite, Apt. #, etc.
#100

02202004

Chg-P

CR2E034 (10/03)

mrd

City & State
WESTON, FL

City & State
WESTON, FL

4. FEI Number
65-0811090

Applied For
Not Applicable

Zip
33326

Country
USA

Zip
33326

Country
US

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

MARIO R. DELGADO, P.A.
2000 PONCE DE LEON BLVD
SUITE 102
CORAL GABLES, FL 33134

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

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

(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
PSTD
ACOSTA, NELSON
801 S. UNIVERSITY DRIVE, STE K103A
PLANTATION, FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2200 N COMMERCE PKWY, #100
WESTON, FL 33326 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100034065421
04/27/04--01034--001 **6950.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #