## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam TESLA, II	NC.					IAY 16	ED PM 1: 09
% NELSON A	ELSON ACOSTA  5 BRICKELL BAY DR. #1904 MI, FL 33131 US  Mailing Address  Mailing Address  MELSON ACOSTA  1155 BRICKELL BAY DR. #1904 MIAMI, FL 33131 US		04		S (818) (81) 8 8111 8 8111		UI STATE EE, FLORIDA
DO NOT WRITE IN THIS SPACE				04292008  4. FEI Numb 65-081	No Chg-P		E034 (11/05) Applied For Not Applicable
			1	5. Certificate	of Status Desired	<u> </u>	\$8.75 Additional Fee Required
2000 PON SUITE 102 CORAL G	ABLES, FL 33134	DO NOT WRITE IN THIS SPACE					
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							
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 			ed to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PSTD ACOSTA, NELSON 2200 N COMMERCE PKWY #100 WESTON, FL 33326	700130737817 06/04/0801034001 **6038.75					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$15/20	DO NOT WRITE					
NAME STREET ADDRESS CITY-ST-ZIP				IN ·	THIS S	PAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental epochs 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 embryueged 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 accuracy with all other like empowered.							
SIGNATURE:  SIGNATURE AND TYPED ON SKINITED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Dayline Phone #							