


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90062 018 ***150.00

DOCUMENT # P98000034471

1. Entity Name
TERESTA GROUP, INC.



Principal Place of Business
**13300 SW 69TH AVENUE
 MIAMI, FL 33156**

Mailing Address
**2307 DOUGLAS ROAD, 400
 MIAMI, FL 33145**

40114703

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
3785 NW 82 AVE
302
 City & State
DORAL FL
 Zip
33166 Country
US



07252008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
**OVIES, IDA C
 2307 DOUGLAS ROAD, 400
 MIAMI, FL 33145**

4. FEI Number
65-0913398 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
3785 NW 82 AVE
#302
 City **DORAL FL** Zip Code **33166**

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 *John C. Oves* DATE 7/25/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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 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]* DATE 08/05/08 DAYTIME PHONE # 305 278-8589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR