

**- 2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # S33448

1. Entity Name
TESAB AMERICAN, INC.



Principal Place of Business
741 BAYSHORE DRIVE
APT. 125
FT. LAUDERDALE, FL 33304

Mailing Address
741 BAYSHORE DRIVE
APT. 125
FT. LAUDERDALE, FL 33304



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0306544

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SILVERMAN, MURRAY, CPA
1919 NE 45 ST
SUITE 215
FORT LAUDERDALE, FL 33308

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOLMQVIST, LARS
STREET ADDRESS 741 BAYSHORE DRIVE
CITY-ST-ZIP FT. LAUDERDALE, FL 33304

TITLE TD
NAME HOLMQVIST, THURE
STREET ADDRESS 741 BAYSHORE DRIVE
CITY-ST-ZIP FT. LAUDERDALE, FL 33304

TITLE S
NAME SMYTH, DON
STREET ADDRESS 741 BAYSHORE DRIVE, #25
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000542609
05/10/06-80104-011 150.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THURE HOLMQVIST 4/24/06 (954) 491-3292