

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90192 032 ***150.00

DOCUMENT # G57198

1. Entity Name
TECNOGRAFIC, INC.



Principal Place of Business
1010 NW 51ST PL
FT. LAUDERDALE, FL 33309 US

Mailing Address
1010 NW 51ST PL
FT. LAUDERDALE, FL 33309 US

24068119



04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2324608

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARTHE, FREDERIC M.
~~3104 N FEDERAL HWY~~ **2455 East Sunrise**
~~OAKLAND PARK, FL 33309~~ **FT. Lauderdale FL**
33304

**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 _____ (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	PDT
NAME	BELHOSTE, MARC
STREET ADDRESS	611 SE 12TH STREET
CITY - ST - ZIP	POMPANO BEACH, FL
TITLE	VPS
NAME	BELHOSTE, DIANE
STREET ADDRESS	611 SE 12 ST
CITY - ST - ZIP	POMPANO BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

04/22/2004 954.9281714
Date Daytime Phone #