


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000051250**  
 1. Entity Name  
**SUPPORT TECH, INC.**



Principal Place of Business      Mailing Address  
**9916 NW 29TH TERRACE**      **9916 NW 29TH TERRACE**  
**MIAMI, FL 33172**                      **MIAMI, FL 33172**



01242005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**30-0076805**                      Not Applicable

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

6. Name and Address of Current Registered Agent  
**SOUZA, RICHARD**  
**9916 NW 29TH TERRACE**  
**MIAMI, FL 33172**

**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: *Richard Souza*      1/25/05  
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOUZA, MARIA D
STREET ADDRESS	8025 LAKE DR., #102
CITY - ST - ZIP	MIAMI, FL 33166
TITLE	VS
NAME	SOUZA, RICHARD
STREET ADDRESS	8025 LAKE DR., #102
CITY - ST - ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

00000213135  
 02/03/05-80058-007 150.00

**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: *Maria D. Souza*      1/25/2005      786-331-7417  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #