2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006
Secretary of State

DOCUMENT# P03000028601

Entity Name: TECNOJURIS USA, CORP.

Current Principal Place of Business:

2851 S. PALM AIR DR.
BLDG. 30 APT. 206
POMPANO BEACH, FL 33069

New Principal Place of Business:

3150 NORTH PALMAIRE DRIVE
APT. 101 BLDNG 10
POMPANO BEACH, FL 33069

Current Mailing Address:

MULTICTRO EMPRES DEL ESTE
PISO 1 A11 A12 DTO FEDERAL, CARACAS 1060
VENEZUELA, XX

New Mailing Address:

MULTICTRO EMPRES DEL ESTE
PISO 1 A11 A12 DTO FEDERAL, CARACAS 1060
CARACAS VENEZUELA, MI 1060 XX

FEI Number: 05-0585302 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTA MARTINEZ, RAYMOND J
2851 S. PALM AIR DR.
BLDG. 30 APT. 206
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: ORTA POLEO, RAIMUNDO E
Address: 2851 S. PALM AIR DR. BLDG. 30 APT 206
City-St-Zip: POMPANO BEACH, FL 33069

Title: P ( ) Delete
Name: ORTA MARTINEZ, RAYMOND J
Address: 2851 S. PALM AIR DR. BLDG. 30 APT 206
City-St-Zip: POMPANO BEACH, FL 33069

Title: T ( ) Delete
Name: DE ORTA, ISABEL M
Address: 2851 S. PALM AIR DR. BLDG. 30 APT 206
City-St-Zip: POMPANO BEACH, FL 33069

Title: S ( ) Delete
Name: DE ORTA, FABIOLA F
Address: 2851 S. PALM AIR DR. BLDG. 30 APT 206
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete
Name: ORTA MARTINEZ, ROBERTO E OFFICER
Address: 2851 S. PALM AIR DR. BLDG. 30 APT 206
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND J ORTA M. MR 02/14/2006
Electronic Signature of Signing Officer or Director — Date