


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

Jun 20, 2005 05:00 AM  
**SECRETARY OF STATE**

DOCUMENT # P03000086829  
 1. Entity Name  
 HANDYMAN TECHNICIANS INC.



Principal Place of Business 6841 NW 2ND AVE FORT LAUDERDALE, FL 33309	Mailing Address 6841 NW 2ND AVE FORT LAUDERDALE, FL 33309
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06142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0138185	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FERNANDEZ DE CASTRO, ALAOR  
 6841 NW 2ND AVE  
 FORT LAUDERDALE, FL 33309

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FERNANDES DE CASTRO, ALAOR 6841 NW 2ND AVE FORT LAUDERDALE, FL 33309
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**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 TITLE OF THE PRINTED NAME OF THE REGISTERED OFFICER OR DIRECTOR

6-1-05 954-588-9808  
Date Daytime Phone #