
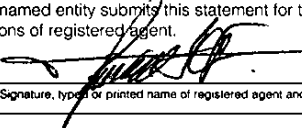
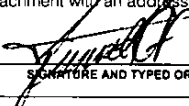


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

06-18-2007 90159 001 \*\*\*150.00  
 06-18-2007 90159 002 \*\*\*\*\*8.75

<b>DOCUMENT # P05000101856</b>			
1. Entity Name <b>TECNO SEWING MACHINE CORPORATION</b>			
Principal Place of Business 8233 NW 68 ST MIAMI, FL 33166		Mailing Address 8233 NW 68 ST MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box # 8032 NW 66 ST		3. Mailing Address 8032 NW 66 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL 33166		City & State MIAMI, FL 33166	
Zip 33166	Country DADE	Zip 33166	Country
6. Name and Address of Current Registered Agent FUENTES, JULIO C 8233 NW 68 ST MIAMI, FL 33166		7. Name and Address of New Registered Agent Name: FUENTES, JULIO C. Street Address (P.O. Box Number is Not Acceptable) 8032 NW 66 ST MIAMI, FL 33166 City: MIAMI, FL 33166	
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: 		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAMBRANO, WILMER 14741 SW 90 TR MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FUENTES, JULIO C 8233 NW 68 ST MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 06/02/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 786 564-7979 305 594-7648	

66019375



05212007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3719319 Applied For Not Applicable

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



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS  
 P.O. Box 8700  
 Tallahassee, Florida 32314

ATTACHMENT  
 66019375

First-Class Mail  
 U.S. Postage  
**PAID**  
 State of Florida  
 84321

## ANNUAL REPORT NOTICE

0618500 01 AV 0.186 \*\*AUTO T2 0 1201 33166-277733



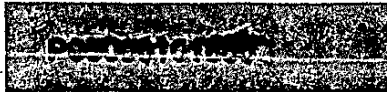
TECNO SEWING MACHINE CORPORATION  
 8233 NW 68 ST  
 MIAMI FL 33166-2777

**DO NOT SEND A CHECK WITH THE POSTCARD. IT WILL DELAY PROCESSING.**

**OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.**

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document #



→ P05000101856

TECNO SEWING MACHINE CORPORATION  
 8233 NW 68 ST  
 MIAMI FL 33166-2777

NEW ADDRESS

8032 NW 66 ST

MIAMI FL 33166

Note: This is not a change to the address of record.



CR2E095 - 1st 09/06

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.