2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 07, 2005 08:00 AM Secretary of State

	ANNUAL	REPURI		
1. Entity Nam	MENT # P970000588 ECHNOLOGY BAC 1-11, INC			Secretary of State
Principal Plac	e of Business	Mailing Address		
12845 NW 4		12845 NW 45 AVE		
OPA LOCKA,	FL 33054	OPA LOCKA, FL 33054		
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DO NOT WRITE IN THIS SPACE			CE	
				01052005 No Chg-P CR2E034 (10/03)
				4. FEI Number Applied For
				65-0767354 Not Applicable
				5. Certificate of Status Desired Fee Required
	6. Name and Address of Current Re	gistered Agent	We will Compression	<u> </u>
EINE DAG	DDV I			
FINE, BARRY H 12845 NW 45 AVE				DO NOT WRITE
OPA LOCKA, FL 33054				IN THIS SPACE
			1	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				
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE				
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				.00 May Be led to Fees
10.	OFFICERS AND DI	RECTORS		
TITLE	D BIRBRAGHER, FERNANDO		ì	
NAME STREET ADDRESS	12845 NW 45 AVENUE			
CITY-ST-ZIP	OPA LOCKA, FL 33054		}	
TITLE			1	
NAME				U00000291131
STREET ADDRESS CITY-ST-ZIP			1	04/07/05-80018-006.150.00
TITLE		<u>, , , , , , , , , , , , , , , , , , , </u>		The state of the s
NAME			1	
STREET ADDRESS			ł	DO NOT WRITE
CITY-ST-ZIP			<u>.</u>	DO NOT WHITE
TITLE				IN THIS SPACE
NAME Street address			Ì	
CITY-ST-ZIP			[
TITLE			1	
NAME			ļ.	
STREET ADDRESS CITY-SI-ZIP				
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TITLE NAME			ł	
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CITY-ST-ZIP		· - ·	i	The state of the s
12. I hereby certify that the information supplied with this filling 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 trattee 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.				
of the cor	poration or the receiver or tryatee empower	re and accurate and that my signal ared to execute this report as requi	ture snall have the : red by Chapter 607	same legal effect as it made under oath; that I am an officer or director 7. 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.				

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305-687-98.8