


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90010 010 ***150.00

DOCUMENT # S33122			
1. Entity Name TECUN INTERNATIONAL CORPORATION			
Principal Place of Business 6555 NW 36TH ST 301 MIAMI, FL 33166 US		Mailing Address 6555 NW 36TH ST 301 MIAMI, FL 33166 US	
2. Principal Place of Business 3399 NW 72ND. AVE. Suite, Apt. #, etc. STE. 209-A		3. Mailing Address 3399 NW 72ND. AVE. Suite, Apt. #, etc. STE. 209-A	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33122	Country USA	Zip 33122	Country USA
6. Name and Address of Current Registered Agent MIT PRODUCTS & SERVICE INC 6555 NW 36TH ST SUITE 301 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name MIT PRODUCTS & SERVICE INC. Street Address (P.O. Box Number is Not Acceptable) 12605 NW 7 STREET City MIAMI FL Zip Code 33182	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST PENAGOS, MARIANO 8620 NW 3RD LANE, #6 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: 20 MARCH 2004 305-597-5190	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	