


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # S33122 1. Entity Name TECUN INTERNATIONAL CORPORATION	
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Principal Place of Business 3399 NW 72ND AVE STE 209-A MIAMI, FL 33122 US	Mailing Address 3399 NW 72ND AVE STE 209-A MIAMI, FL 33122 US
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DO NOT WRITE IN THIS SPACE



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0245951	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

MIT PRODUCTS & SERVICE INC
12605 NW 7 STREET
MIAMI, FL 33182

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) D/TE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

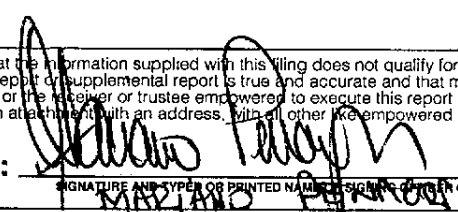
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U000000297488
04/11/05-80032-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS1 PENAGOS, MARIANO 8620 NW 3RD LANE, #6 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  **MARIANO PENAGOS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date: **MAR 30, 2005** Daytime Phone #: **305 597-5190**