## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **FILED** Apr 11, 2006 8:00 am DOCUMENT # V44506 Secretary of State 1. Entity Name TECNICARD INC. 04-11-2006 90108 025 \*\*\*155.00 Principal Place of Business Mailing Address 3191 CORAL WAY SUITE 800 3191 CORAL WAY SUITE 800 MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0362254 Not Applicable Zia Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CURRIER, MARIA Street Address (P.O. Box Number is Not Acceptable) **HUNTON & WILLIAMS** 1111 BRICKELL AVENUE, SUITE 2500 **MIAMI FL 33131** Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Change Addition BALLADARES, CARLOS NAME STREET ADDRESS 3191 CORAL WAY, #800 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete TITLE FXC. VICE PRESIDENT Change Addition MARCIO BALTODANO ORTIZ, FRANCISCO NAME NAME STREET ADDRESS 3 191CORAL WAY # 800 3191 CORAL WAY, #800 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE GM TITLE ☐ Change ☐ Addition NAME GALVEZ, OSCAR \_ \_ . NAME STREET ADDRESS 3191 CORAL WAY, # 800 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

CARLOS BALLADARES

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

04-03-06 305.442.0018