

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F79297**  
 1. Entity Name  
**SALES-TEC CORPORATION**



Principal Place of Business: **6995 WEST 17 COURT HIALEAH FL 33014**  
 Mailing Address: **PO BOX 652337 MIAMI FL 33265**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country  
 3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number: **59-2223994**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ECHAVARRIA, WILLIAM L**  
**6995 WEST 17 COURT**  
**HIALEAH FL 33014**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when translating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

|                 |                                    |
|-----------------|------------------------------------|
| TITLE           | DP <input type="checkbox"/> Delete |
| NAME            | ECHAVARRIA, WILLIAM L.             |
| STREET ADDRESS  | 6995 WEST 17 COURT                 |
| CITY - ST - ZIP | HIALEAH FL 33014                   |
| TITLE           | <input type="checkbox"/> Delete    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |
| TITLE           | <input type="checkbox"/> Delete    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |
| TITLE           | <input type="checkbox"/> Delete    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |
| TITLE           | <input type="checkbox"/> Delete    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |  |
|-----------------|--|
| TITLE           | WILE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

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: *William L. Echavarria* **WILLIAM L. ECHAVARRIA - PRESIDENT** (305) 456-0965  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #