2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005 08:00 AM
Secretary of State

COPY

DOCUMENT # P03000086829

1. Entity Name
HANDYMAN TECHNICIANS INC.

Principal Place of Business	Mailing Address
6841 NW 2ND AVE FORT LAUDERDALE, FL 33309	6841 NW 2ND AVE FORT LAUDERDALE, FL 33309

06142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0138185
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ DE CASTRO, ALAOR
6841 NW 2ND AVE
FORT LAUDERDALE, FL 33309

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	FERNANDES DE CASTRO, ALAOR
STREET ADDRESS	6841 NW 2ND AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	FERNANDES DE CASTRO, ALAOR
STREET ADDRESS	6841 NW 2ND AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/20/05-80002-018 150.00

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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)(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: Y [illegible] 6-1-05 954-588-9806
SIGNATURE AND TYPED OR PRINTED NAME OF ACTING OFFICER OR DIRECTOR — Date — Daytime Phone #