

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000017576

Entity Name: TECHNI EYE INC.**Current Principal Place of Business:**716 WESLEY AVE.
SUITES 13 & 14
TARPON SPRINGS, FL 34689**Current Mailing Address:**716 WESLEY AVE.
SUITE 13
TARPON SPRINGS, FL 34689 US**FEI Number:** 22-3921386**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NOUEL, GUSTAVO APTD
716 WESLEY AVE.
SUITE 13
TARPON SPRINGS, FL 34689 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|-----------------------------|
| Title | PTD |
| Name | NOUEL, GUSTAVO |
| Address | 716 WESLEY AVE. SUITE 13 |
| City-State-Zip: | TARPON SPRINGS FL 34689 |

| | |
|-----------------|------------------------------|
| Title | AUTHORIZED REPRESENTATIVE |
| Name | BARNOLA, MARIA E |
| Address | 716 WESLEY AVE. SUITES 13 |
| City-State-Zip: | TARPON SPRINGS FL 34689 |

| | |
|-----------------|------------------------------|
| Title | VC |
| Name | NOUEL, JENNIFER A |
| Address | 716 WESLEY AVE STE 13 |
| City-State-Zip: | TARPON SPRINGS FL 34689-6799 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GUSTAVO NOUEL**PRESIDENT****04/09/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date