

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90049 018 ***150.00

DOCUMENT # 382365

1. Entity Name

TECHNOS, INC.



Principal Place of Business

% RICHARD C. BENSON
3333 NW 21ST STREET
MIAMI FL 33142

Mailing Address

% RICHARD C. BENSON
3333 NW 21ST STREET
MIAMI FL 33142

2. Principal Place of Business

10430 NW 31 TERR.

Suite, Apt. #, etc.

3. Mailing Address

10430 NW 31 TERR.

Suite, Apt. #, etc.

City & State

Doral FL

City & State

Doral FL

Zip

33172

Country

Dade?

Zip

33172

Country

Dade

4. FEI Number

59-1386217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENSON, RICHARD C.
3333 NW 21ST STREET
MIAMI FL 33142

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 PD ☐ Delete
NAME BENSON, RICHARD C.
STREET ADDRESS 3333 NW 21ST ST.
CITY-ST-ZIP MIAMI FL

TITLE STD ☐ Delete
NAME BENSON, BONNIE
STREET ADDRESS 3333 NW 21ST ST.
CITY-ST-ZIP MIAMI FL 33142

TITLE VD ☐ Delete
NAME YUHR, LYNN B
STREET ADDRESS 3333 NW 21ST ST
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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 a verifiably correct address, with all other officers and directors.

SIGNATURE: *Bonnie W. Benson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04

Date

305-718-9594

Daytime Phone #