


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90031 003 ***150.00

DOCUMENT # 451593 1. Entity Name TECHNICAL SUPPORT INTERNATIONAL, INC.					
Principal Place of Business 1500 SAN REMO AVE. SUITE 125 CORAL GABLES, FL 33146			Mailing Address 1500 SAN REMO AVE. SUITE 125 CORAL GABLES, FL 33146		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 19333 COLLINS AVE 2402			
City & State		City & State SUNNY ISLES BEACH, FL		4. FEI Number 11-2330756	
Zip 33160		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07192005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC 1500 SAN REMO AVE, STE 125 CORAL GABLES, FL 33146			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAPEL, ARTHUR 7700 NW 57TH ST MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAPEL, ARTHUR 19333 COLLINS AVE. # 2402 SUNNY ISLES BEACH, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAPEL, ARTHUR 2402 19333 COLLINS AVE SUNNY ISLES BEACH, FL - 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: ARTHUR E. KAPEL			Date 7-22-05 Daytime Phone # 305-932-1758		