

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Aug 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 451593**

1. Entity Name  
TECHNICAL SUPPORT INTERNATIONAL, INC.



Principal Place of Business

1500 SAN REMO AVE.  
SUITE 125  
CORAL GABLES, FL 33146 US

Mailing Address

19333 COLLINS AVENUE  
SUITE 2402  
SUNNY ISLES BEACH, FL 33160 US



08242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-2330756

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC  
1500 SAN REMO AVE, STE 125  
CORAL GABLES, FL 33146

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 6, 2006

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
KAPEL, ARTHUR  
19333 COLLINS AVENUE SUITE 2402  
SUNNY ISLES BEACH, FL 33160

TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

000000575457  
08/29/06-80002-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

06/20/06

305-932-1758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #