2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 690799

1. Entity Name
TECNODIESEL, INC.

Principal Place of Business	Mailing Address
3609 OLD WINTER GARDEN RD BLDG C#2 ORLANDO, FL 32805	3609 OLD WINTER GARDEN RD BLDG C#2 ORLANDO, FL 32805

DO NOT WRITE IN THIS SPACE

04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2108212
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOCAS, EDUARDO L.
1927 CARRINGTON DR
ORLANDO, FL 32807

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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: S.T.D. ALDO VELAZQUEZ 4-28-05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GUTIERREZ, LORENZO
STREET ADDRESS	4849 GORHAM AVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	DP
NAME	SOCAS, EDUARDO L
STREET ADDRESS	1927 CARRINGTON DR.
CITY-ST-ZIP	ORLANDO, FL
TITLE	STD
NAME	VELAZQUEZ, ALDO
STREET ADDRESS	87 PINE ARBOR DR
CITY-ST-ZIP	ORLANDO, FL 32825
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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05/03/05-80114-017 150.00

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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: S.T.D. ALDO VELAZQUEZ 4-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #