

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90122 013 ***150.00

DOCUMENT # 837219

1. Entity Name

TECH-AEROFOAM PRODUCTS, INC.



Principal Place of Business

3551 NW 116TH ST
MIAMI FL FL 33167

Mailing Address

3551 NW 116TH ST
MIAMI FL FL 33167

2. Principal Place of Business

1264 C LaQuinta Dr

3. Mailing Address

1264 C LaQuinta Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando, FL

Zip

32809

Country

US

Zip

32809

Country

U.S.

4. FEI Number

59-1693932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUSTIN, CHARLIE
3551 NW 116TH STREET
MIAMI FL 33167

7. Name and Address of New Registered Agent

Name

Warren Rowley

Street Address (P.O. Box Number is Not Acceptable)

1264 C LaQuinta Dr

City

Orlando

FL

Zip Code

32809

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

Warren Rowley

[Signature]

4/26/04

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	P	<input checked="" type="checkbox"/> Delete
NAME	CUSTIN, CHARLES	
STREET ADDRESS	3551 NW 116TH ST	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	BASQUE, NARDO	
STREET ADDRESS	3551 NW 116TH STREET	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLINE, RICH	
STREET ADDRESS	3551 NW 116TH STREET	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOFFMAN, JEFFREY	
STREET ADDRESS	300 PLAZA DRIVE	
CITY-ST-ZIP	VESTAL NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charlie James	
STREET ADDRESS	1264 C LaQuinta Dr.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Warren Rowley	
STREET ADDRESS	1264 C LaQuinta Dr.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 an address, with all other like empowered.

SIGNATURE:

Warren Rowley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

407-447-6108

Daytime Phone #