2005 FOR PROFIT CORPORATION

Apr 06, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # F00000001555 1. Entity Name TECOTA SERVICES CORP. Principal Place of Business Mailing Address 2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR 2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 CR2E034 (10/03) 03092005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2220127 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBERT S. SICHTA DO NOT WRITE 2601 SOUTH BAYSHORE DR. 9TH FLOOR MIAMI, FL 33133 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 little if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MEDINA, MANUAL D 2601 S BAYSHORE DRIVE 9TH FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 TITLE NAME SICHTA, ROBERT D STREET ADDRESS 2601 S BAYSHORE DRIVE 9TH FLOOR CITY-ST-7IP MIAMI, FL 33133 TITLE VSD NAME SEGRERA, JOSE STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR DO NOT WRITE CITY-ST-ZIP COCONUT GROVE, FL 33133 TITLE IN THIS SPACE WATTS, FERN NAME STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR

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 of 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-direct like empowered

SIGNATURE:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

COCONUT GROVE, FL 33133

FILED