


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # F00000001555</b>	
1. Entity Name <b>TECOTA SERVICES CORP.</b>	

Principal Place of Business <b>2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR COCONUT GROVE, FL 33133</b>	Mailing Address <b>2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR COCONUT GROVE, FL 33133</b>
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-2220127</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ROBERT S. SICHTA 2601 SOUTH BAYSHORE DR. 9TH FLOOR MIAMI, FL 33133</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**000000450872  
03/10/06-80023-016 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MEDINA, MANUAL D 2601 S BAYSHORE DRIVE 9TH FLOOR MIAMI, FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS SICHTA, ROBERT D 2601 S BAYSHORE DRIVE 9TH FLOOR MIAMI, FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD SEGRERA, JOSE 2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR COCONUT GROVE, FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SP WATTS, FERN 2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR COCONUT GROVE, FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**  **ROBERT D SICHTA** **2/27/06** **305-854-3240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #