


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 DEC 15 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000001555					
1. Entity Name TECOTA SERVICES CORP.					
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR COCONUT GROVE, FL 33133			Mailing Address 2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR COCONUT GROVE, FL 33133		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 52-2220127				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT S. SICHTA 2601 SOUTH BAYSHORE DR. 9TH FLOOR MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Corporate Creations Network Inc. Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Road #221E City Palm Beach Gardens FL Zip Code 33410		
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 <u>Angela E. Howard</u> Assistant VP <u>12/14/06</u> Signature, typed or printed name of registered agent and date if applicable. Corporate Creations DATE					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MEDINA, MANUAL D 2601 S BAYSHORE DRIVE 9TH FLOOR MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900082637599 12/19/06--01029--008 **\$61.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SICHTA, ROBERT D 2601 S BAYSHORE DRIVE 9TH FLOOR MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SEGRERA, JOSE 2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SP WATTS, FERN 2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>J. Balz as attorney in fact for Adam Smith</u> 12/14/06 Signature, typed or printed name of signing officer or director Date Daytime Phone					