

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2007 8:00 am
Secretary of State

06-19-2007 90001 041 ***158.75

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05172007 Chg-P CR2E034 (12/06)

DOCUMENT # F05000002359 1. Entity Name TECHNICAL FABRICATION & INSTALLATION, INC.			
Principal Place of Business 1835 EAST HALLANDALE BEACH BLVD., STE 260 HALLANDALE, FL 33009		Mailing Address 1835 EAST HALLANDALE BEACH BLVD., STE 260 HALLANDALE, FL 33009	
2. Principal Place of Business - No P.O. Box # 1222 SW 6th Street Suite, Apt. #, etc. Pompano, FL City & State Pompano, FL Zip 33069 Country		3. Mailing Address 1222 SW 6th Street Suite, Apt. #, etc. Pompano, FL City & State Pompano, FL Zip 33069 Country	
4. FEI Number 04-3298550		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent DWARKA, RAJIVA A 1880 SOUTH OCEAN DRIVE, #306W HALLANDALE BEACH, FL 33009	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST DWARKA, RAJIVA A 1835 EAST HALLANDALE BEACH BLVD., STE 260 HALLANDALE, FL 33009	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
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 5/17/07 Daytime Phone # _____	