


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # G87911
 1. Entity Name
TECHNICAL INTERNATIONAL CORPORATION



<i>Principal Place of Business</i>	<i>Mailing Address</i>
1000 BRICKELL AVENUE SUITE 480 MIAMI, FL 33131	1000 BRICKELL AVENUE SUITE 480 MIAMI, FL 33131



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2365948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENT SERVICES CO.
 444 BRICKELL AVE.
 SUITE 200
 MIAMI, FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZAYAS, FERNANDO 4341 S.W. 62ND AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGREGOR, DONALD A 1000 BRICKELL AVE., SUITE 680 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, KATTIA 610 CURTIS WOOD KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTEALEGRE, ELIZA 1000 BRICKELL AVE., SUITE 680 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GENGHINI, ALBERTINA 151 ISLAND DRIVE KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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00000001151
 01/23/04-80027-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: [Signature] DATE: 1/20/04 DAYTIME PHONE #: 305-374-1054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR