

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G87911**

1. *Entity Name*  
**TECHNICAL INTERNATIONAL CORPORATION**



Principal Place of Business  
**1000 BRICKELL AVENUE  
SUITE 480  
MIAMI, FL 33131**

Mailing Address  
**1000 BRICKELL AVENUE  
SUITE 480  
MIAMI, FL 33131**



01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	

000000411439  
02/10/06-80007-004 150.00

**DO NOT WRITE  
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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 empowerments.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06 (305) 374-1054  
Date Daytime Phone #