



2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2007 90208 036 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 1000 Brickell Ave.		3. Mailing Address 1000 Brickell Ave		 02282007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. Suite 625		Suite, Apt. #, etc. Suite 625			
City & State Miami FL		City & State Miami FL			
Zip Country 33131 USA		Zip Country 33131 USA			
4. FEI Number 59-2365948				<input type="checkbox"/> 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 REGISTERED AGENT SERVICES CO. 444 BRICKELL AVE. SUITE 200 MIAMI, FL 33131				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	VP ZAYAS, FERNANDO 4341 S.W. 62ND AVENUE MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGREGOR, DONALD A 1000 BRICKELL AVE., SUITE 680 MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, KATTIA 610 CURTIS WOOD KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTEALEGRE, ELIZA 1000 BRICKELL AVE., SUITE 680 MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GENGHINI, ALBERTINA 151 ISLAND DRIVE KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Montealegre, Eliza 1000 Brickell Ave. Suite 625 Miami FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Montealegre, Eliza 1000 Brickell Ave. Suite 625 Miami FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Montealegre, Eliza 1000 Brickell Ave. Suite 625 Miami FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Montealegre, Eliza 1000 Brickell Ave. Suite 625 Miami FL 33131	<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 an other like empowered.					
SIGNATURE: _____		Albertina M Genghini <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PRESIDENT <small>Date</small>	
(305)		04/05/07		374-1054 <small>Daytime Phone #</small>	