

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90012 033 \*\*\*158.75

**DOCUMENT # H09139**

1. Entity Name  
TEC PRODUCTS, INC.



Principal Place of Business  
9400 N.W. 25TH STREET  
MIAMI, FL 33172

Mailing Address  
9400 N.W. 25TH STREET  
MIAMI, FL 33172

**54012415**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2429733

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELLATI, VALENTINE  
~~3900 JOANS WAY~~ **11938 ACORN DRIVE**  
DAVIE, FL ~~33025~~ **33330**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SELLATI, VALENTINE  
STREET ADDRESS 3900 JOANS WAY  
CITY-ST-ZIP DAVIE, FL 33328

☐ Delete

TITLE PD  
NAME SELLATI, VALENTINE  
STREET ADDRESS 11938 ACORN DRIVE  
CITY-ST-ZIP DAVIE, FL. 33330

☒ Change

☐ Addition

TITLE D  
NAME SELLATI, CHRISTOPHER  
STREET ADDRESS 12281 SW 104 TERR  
CITY-ST-ZIP MIAMI, FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME SELLATI, VALENTINE JR  
STREET ADDRESS 2025 FLAMING ARROW COURT  
CITY-ST-ZIP CASSELBERRY, FL 32730

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME SELLATI, PATRICK  
STREET ADDRESS 9400 N.W. 25TH ST.  
CITY-ST-ZIP MIAMI, FL 33172

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME BATUSIC, JULIANNA  
STREET ADDRESS 13650 ROANOKE ST.  
CITY-ST-ZIP DAVIE, FL 33325

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/04**  
Date

**305-5924328**  
Daytime Phone