


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90535 011 \*\*\*\*\*55.00

<b>DOCUMENT # L03000015244</b>	
1. Entity Name <b>TECHNO SERVICE, LLC</b>	

Principal Place of Business <b>7878 NW 103 ST. MIAMI FL 33016</b>	Mailing Address <b>7991 W. 25TH COURT HIALEAH FL 33025</b>
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2. Principal Place of Business <b>7991 W 25 Court</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Hialeah</b>	Suite, Apt. #, etc.
City & State <b>Florida</b>	City & State
Zip <b>33016</b>	Country



1st MOORE CR2E083 (10/04)

4. FEI Number <b>20-1762416</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROMERA, NESTOR 7991 W. 25TH COURT HIALEAH FL 33016</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROMERA, NESTOR V</b>		NAME	
STREET ADDRESS <b>7878 NW 103 ST.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33016</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GARCIA, HECTOR R</b>		NAME	
STREET ADDRESS <b>7878 NW 103 ST.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33016</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Nestor Romero*

*03/15/05*

Date

Daytime Phone #