2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # L97760 1. Entity Name ORLANDO TECHCENTER, INC.								04-30-2	2004 903	39 002 **	**158.75			
Principal Place of Business				ailing Address										
1350 E. NEWPORT CENTER DR., STE 206 DEERFIELD BEACH, FL 33442 US				1350 E. NEWPORT CENTER DR., STE 206 Deerfield Beach, FL 33442 US										
2. Principal Place of Business				Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04262004	Chg-P	CR2E0	34 (10/03)				
City & State				City & State		4. FEI Numb 65-021			ļ - - - - - - - - - - 	pplied For ot Applicable				
Zip	Country			Zip Cour		ntry	5. Certificate	of Status Desired		\$8.75 Add				
	6. Name	and Address of Curre	nt Regis	tered Agent			Address of New F	Registered A	\gent					
KAY LAW OFFICES						NameJAMES R. KAY, ESQ.								
1500 EDWARD BALL BLDG.						Street Address (P.O. Box Number is Not Acceptable) KAY LAW OFFICES								
100 CHOPIN PLAZA MIAMI, FL 33131														
						City								
PALM I The above named entity submits this statement for the purpose of changing its registered office or registere the obligations of registered agent.											and accept			
SIGNATURE														
<u> </u>		<u>.</u>	5.00 May Be	· · · · · · · · · · · · · · · · · · ·										
After Ma	ay 1, 200	FEE IS \$150.00 4 Fee will be \$550	0.00	9. Election Campa Trust Fund Cor		ı 🗆 🔻	dded to Fees				ļ			
10.	OFFICERS AND DIRECTORS						ADDITIONS	L /CHANGES TO OFF	FICERS AND	DIRECTOR	S IN 11			
TITLE NAME	VP □ Delete REIBLING, LORENZ				TITL					☐ Change	☐ Addition			
STREET ADDRESS		EWPORT CENTER I	DR., ST	E 206		EET ADDRESS					ļ			
CITY-ST-ZIP		LD BEACH, FL 3344	.2			-ST-ZIP								
TITLE NAME	P ACKERM	ANS, GERHARD		☐ Delete TITLE		1				☐ Change	☐ Addition			
STREET ADDRESS	1	EWPORT CENTER	OR STE	≣ 206		EET ADDRESS								
CITY-ST-ZIP						-ST-ZIP								
TITLE NAME	VST ☐ Delete ↑ TITL VOELKEL, MARKUS									☐ Change	☐ Addition			
STREET ADDRESS City-St-ZIP	C/O 250 AUSTRALIAN AVENUE SOUTH SUITE 500					EET ADDRESS '-ST-ZIP					Ì			
TITLE						E		,		☐ Change	☐ Addition			
NAME	REIBLING, GUENTHER NA					SE					_			
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP				···				
TITLE						Ę				☐ Change	Addition			
NAME STREET ADDRESS	KASSOF, LINDA G NA 1350 E. NEWPORT CENTER DR., STE 206 ST					EET ADDRESS .								
CITY-ST-ZIP						-ST-ZIP								
TITLE NAME				☐ Delete	TITL NAM					☐ Change	☐ Addition			
STREET ADDRESS CITY-ST-ZIP					STR	EET ADDRESS (-ST-ZIP								
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.														
SIGNAT	URE: 🗎	SIGNATURE AND TYPE OF	D DOINTE	SIGNATURE: LINDA G. KASSOF 04/27/2004 (954) 428-4585										