

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004824

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** TECHNICAL AID CONVOY, FLORIDA INC.

**Current Principal Place of Business:**

10430 NW 29 TERRACE  
MIAMI, FL 33172

**New Principal Place of Business:**

12099 NW 98TH AVE  
HIALEAH GARDENS, FL 33018

**Current Mailing Address:**

10430 NW 29 TERRACE  
MIAMI, FL 33172

**New Mailing Address:**

12099 NW 98TH AVE  
HIALEAH GARDENS, FL 33018

**FEI Number:** 26-2805516

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAMSKI, ROBERT  
10431 NW 29 TERRACE  
DORAL, FL 33172 US

**Name and Address of New Registered Agent:**

KAMSKI, ROBERT  
18541 NE 7TH CT.  
NORTH MIAMI BEACH, FL 33179 US

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.

SIGNATURE:

01/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KAMSKI, ROBERT  
Address: 18541 NE 7 CT.  
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: D  
Name: GEBHARDT, KLAUS  
Address: 55 NE 94TH STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: D  
Name: KLEIN, RAYMOND  
Address: 6103 AQUA AVE., #1005  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT KAMSKI

MR.

01/06/2010

Electronic Signature of Signing Officer or Director

Date