

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000017921

1. Entity Name

TECH CONSTRUCTION GROUP, INC.



Principal Place of Business

284 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166

Mailing Address

284 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1029819

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLASENCIA, ROGERIO
284 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166

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IN THIS SPACE**

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 reinstalling)

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

U000000125975
04/23/04-80015-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PLASENCIA, ROGERIO JR
STREET ADDRESS	284 WESTWARD DRIVE
CITY-STATE-ZIP	MIAMI SPRINGS, FL 33166
TITLE	V
NAME	PLASENCIA, ROGERIO SR
STREET ADDRESS	284 WESTWARD DRIVE
CITY-STATE-ZIP	MIAMI SPRINGS, FL 33166
TITLE	D
NAME	PLASENCIA, ALEJANDRO
STREET ADDRESS	284 WESTWARD DRIVE
CITY-STATE-ZIP	MIAMI SPRINGS, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04

Date

305 863 1902

Daytime Phone #