## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P00000030586**

Entity Name
 TOOL TECH GROUP, INC.



FILED Apr 21, 2004 08:00 AM Secretary of State

Principal Place of Business 1576 SW 151 AVENUE PEMBROKE PINES, FL 33027 Mailing Address

1576 SW 151 AVENUE PEMBROKE PINES, FL 33027



03292004

No Chg-P

\*CR2E034 (10/03)

4. FEI Number 65-0994818 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEDOYA, JOSE O 1576 SW 151 AVENUE PEMBROKE PINES, FL 33027

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|  |   |   | IN THIS SPACE                 |                                |   |   |
|--|---|---|-------------------------------|--------------------------------|---|---|
| 3. The above the obligat   | named entity submits this statement for the plions of registered agent.           | ourpose of changing its registere                 | d office or r                 | egistered agent, or bo         | th, in the State of Florida. I am familiar with, and accept | - |
| SIGNATURE.   | Signature, typed or printed name of registered agent and title                    | if applicable (NOTE, Registered                   | Agent signature               | required when reinstaling)     | DATE  |   |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.00                       | Election Campaign Financ Trust Fund Contribution. | cing 📙                        | \$5.00 May Be<br>Added to Fees | U00000121803<br>04/21/04-80003-019 150.00                   |   |
| TOTLE  STREET ADDRESS STRY-ST-ZIP  TITLE  HAME  HAME  STREET ADDRESS STRY-ST-ZIP  STREET ADDRESS STRY-ST-ZIP | OFFICERS AND DIRECT PD BEDOYA, JOSE O 1576 SW 151 AVENUE PEMBROKE PINES, FL 33027 | CTORS   |                               |                                |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   | DO NOT WRITE<br>IN THIS SPACE |                                |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY -ST - ZIP  |   |   |                               |                                |   |   |
| RITLE<br>Vame<br>Street address<br>City-St-Zip   |   |   |                               |                                |   |   |
| TITLE  |   |   |                               |                                |   |   |

12. Thereby certify that the information supplied with this filling 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 attaching the with any appears in Block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18/04 305

301-345-320