


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90738 041 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000032216			
1. Entity Name TECHNOLOGY INVESTORS II, INC.			
Principal Place of Business 6601 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487		Mailing Address 6601 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487	
2. Principal Place of Business 190 SE 19th Avenue Suite, Apt. #, etc.		3. Mailing Address P.O. Box 811660 Suite, Apt. #, etc.	
City & State Pompano Beach, FL Zip 33060 Country USA		City & State Boca Raton, FL Zip 33491 Country	
4. FEI Number 65-1007707		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWARTZ, KENNETH J 6601 PARK OF COMMERCE BLVD BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name FRANK E. JAUMOT Street Address (P.O. Box Number is Not Acceptable) 190 SE 19th Avenue City Pompano Beach FL Zip Code 33060	
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 <u>Frank E. Jaumot</u> 1/26/04 Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASHER, HANK PO BOX 811660 BOCA RATON, FL 334811660 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLINE, KAREN 6601 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>CPA</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/28/04 Daytime Phone #	