


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000032389 1. Entity Name MECH-TECH, INC.																																										
Principal Place of Business 15690 S.W. 80TH STREET SUITE 106 MIAMI, FL 33193	Mailing Address 9010 S.W. 137TH AVE SUITE 113 MIAMI, FL 33186																																									
<p>DO NOT WRITE IN THIS SPACE</p>																																										
6. Name and Address of Current Registered Agent FONSECA, JOSE A 15690 S.W. 80TH STREET SUITE 106 MIAMI, FL 33193																																										
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><i>Jose A Fonseca</i></u> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																										
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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="padding: 2px;">PD</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">FONSECA, JOSE A</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">15690 S.W. 80TH STREET</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">MIAMI, FL 33193</td> </tr> <tr><td style="padding: 2px;">TITLE</td><td></td></tr> <tr><td style="padding: 2px;">NAME</td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td></td></tr> <tr><td style="padding: 2px;">NAME</td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td></td></tr> <tr><td style="padding: 2px;">NAME</td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td></td></tr> <tr><td style="padding: 2px;">NAME</td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td></tr> </table>			TITLE	PD	NAME	FONSECA, JOSE A	STREET ADDRESS	15690 S.W. 80TH STREET	CITY-ST-ZIP	MIAMI, FL 33193	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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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><i>Jose A Fonseca</i></u> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																										



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0995491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

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05/03/04-80182-017 150.00

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Date Daytime Phone #