

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90002 012 \*\*\*150.00

**DOCUMENT # P00000060426**

1. Entity Name

TECNODATA CORPORATION



Principal Place of Business

1500 SE 3RD COURT #111  
DEERFIELD BEACH FL 33441

Mailing Address

1500 SE 3RD COURT #111  
DEERFIELD BEACH FL 33441

54021217

2. Principal Place of Business

1574 SE 3RD COURT

3. Mailing Address

SAME



MOORE

CR2E034 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

4. FEI Number

65-1017895

Applied For

Not Applicable

Zip

33441

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAS, WILSON F  
1500 SE 3RD COURT #111  
DEERFIELD BEACH FL 33441

Name

DIAS, WILSON F.

Street Address (P.O. Box Number is Not Acceptable)

1574 SE 3RD COURT

City

DEERFIELD BEACH

FL

Zip Code

33441

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete  
NAME DIAS, WILSON F  
STREET ADDRESS RUA MARIA ANTONIA 162 APT. #11-SAO PAULO  
CITY-ST-ZIP SP BRAZIL CEP:01222-010

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

MARCOS R. GOMES Accountant

3/18/04

(954) 420 0051