2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2006 8:00 am Secretary of State DOCUMENT # P00000068178 04-20-2006 90199 034 ***150.00 DTECH LATIN AMERICA CORP. 40055356 Principal Place of Business Mailing Address 1401 NW 88TH AVE 1401 NW 88TH AVE MIAMI, FL 33172 MIAMI, FL 33172 03312006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1030343 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SHOMAR, JOSEPH DO NOT WRITE 7777 NW 146TH ST HIALEAH, FL 33016 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 reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ABBOUD, GHASSAN 1401 NW 88TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 6

STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

GHASSAN)

305 471 0487

FILED