2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

FILED DOCUMENT # P00000076623 Feb 09, 2006 08:00 AN **Secretary of State** M + L TECH SERVICES INC. Mailing Address Principal Place of Business 6521 WEST 12TH LANE 6521 WEST 12TH LANE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 65-1035763 Not Applicable Zip Ζıp Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CASTANEDA, MARIO Street Address (P.O. Box Number is Not Acceptable) 6521 WEST 12TH LANE HIALEAH FL 33012 Zıp Code City 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. (NOTE Registered Agent signature required when reinstaling) DATE Signature, typed or printed name of registered agent and billoid applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Br After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ſΰ. 11. Delete Change Addition His TITLE NAME NAME CASTANEDA, MARIO 02/20/06-80049-013 150.00 STREET ADDRESS STREET ADDRESS 6521 WEST 12TH LANE CITY-ST-ZIP CHTY-ST-ZIP HIALEAH FL 33012 Change ∏ Add∷ Delete TITLE IIILE MAME MALIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___Delete DILE Change ☐ A.t in: THILE NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TRT1 F Change Addit. TITLE MAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change 🔲 Addiiii TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP ☐ Change Add: Delete 11116 IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 directly 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 1 if changed, or on an attachment with an address, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 6-06

Daytime Phone #