


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90058 040 ***150.00

DOCUMENT # P00000103736

1. Entity Name
 TECHCOA, INC.



Principal Place of Business
 3233 MARY STREET
 MIAMI, FL 33133

Mailing Address
 3233 MARY STREET
 MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box #
 3109 GRAND AVE #300

3. Mailing Address
 3109 GRAND AVE #300

Suite, Apt. #, etc.
 #300

City & State
 MIAMI FL

Country
 USA



05012007 Chg-P CR2E034 (12/06)

4. FEI Number
 65-1057118

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENDEAN, RUSSELL R
 3233 MARY STREET
 MIAMI, FL 33133

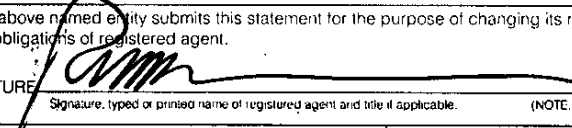
7. Name and Address of New Registered Agent

Name
 ENDEAN, RUSSELL R

Street Address (P.O. Box Number is Not Acceptable)
 3109 GRAND AVENUE #301

City
 MIAMI FL Zip Code
 33133

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:  DATE: 5/1/7

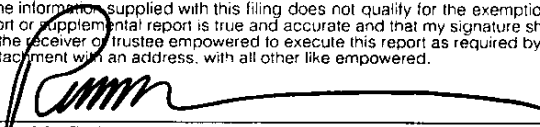
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVST	<input type="checkbox"/> Delete	TITLE PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENDEAN, RUSSELL		NAME ENDEAN, RUSSELL	
STREET ADDRESS 3233 MARY STREET		STREET ADDRESS 3109 GRAND AVE. #301	
CITY-ST-ZIP MIAMI, FL 33133		CITY-ST-ZIP MIAMI FL 33133	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  DATE: 5/1/7 DAYTIME PHONE #: 305 443 2403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR