

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90047 012 ***158.75

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT (AR)**

DOCUMENT # P01000034988			
1. Entity Name TECH SEARCH AMERICA, INC.			
Principal Place of Business 6635 WEST COMMERCIAL BOULEVARD SUITE 212 TAMARAC FL 33319		Mailing Address 6635 WEST COMMERCIAL BOULEVARD SUITE 212 TAMARAC FL 33319	
2. Principal Place of Business 1655 PALM BEACH LAKES BLVD SUITE 403 WEST PALM BEACH FL 33401 USA		3. Mailing Address 1655 PALM BEACH LAKES BLVD SUITE 403 WEST PALM BEACH FL 33401 USA	
4. FEI Number 65-1088942		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHLOSSBERG, BERNARD 9900 WEST SAMPLE ROAD #318 POMPANO BEACH FL 33065		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
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>EDWARD ZAKARIAN</u> DATE: <u>2/25/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAKARIAN, EDWARD 6802 OAKMONT NORTH LAUDERDALE FL 33068 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAKARIAN, EDWARD 818 ALDEN ROAD PARAMUS, NJ 07652 ☒ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZAKARIAN, KIMBERLY 6802 OAKMONT NORTH LAUDERDALE FL 33068 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZAKARIAN, KIM 818 ALDEN ROAD PARAMUS, NJ 07652 ☒ Change ☐ Addit
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>EDWARD ZAKARIAN</u>		Date: <u>2/25/04</u> Daytime Phone #: <u>732-423-1400</u>	