

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Dec 17, 2009  
Secretary of State**

DOCUMENT# P01000051363

Entity Name: TECNI TOWER, INC.

**Current Principal Place of Business:**

8805 NW 35TH LANE  
MIAMI, FL 33172

**New Principal Place of Business:**

12603 NW 11 PL  
SUNRISE, FL 33323

**Current Mailing Address:**

8805 NW 35TH LANE  
MIAMI, FL 33172

**New Mailing Address:**

12603 NW 11 PL  
SUNRISE, FL 33323

FEI Number: 59-3721709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAZAL, JUAN  
12603 NW 11PL  
SUNRISE, FL 33323 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAZAL, JUAN R  
Address: 12603 NW 11 PL  
City-St-Zip: SUNRISE, FL 33323

Title: VD ( ) Delete  
Name: ACOSTA, NIDIA E  
Address: 12603 NW 11 PL  
City-St-Zip: SUNRISE, FL 33323

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN CAZAL

PRES

12/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date