

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90018 006 \*\*\*150.00

**DOCUMENT # P01000059376**

1. Entity Name  
TECNOLOGIA AVANZADA, CORPORATION



Principal Place of Business Mailing Address  
~~2609 COLLINS AVE~~ **4014 CHASE AVE**  
~~MIAMI BEACH, FL 33140~~ **MIAMI BEACH, FL 33140**  
~~SUITE 111~~ **SUITE 202**

40027021



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
80-0023051

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GODOY, PEDRO P  
~~2609 COLLINS AVE~~ **4014 CHASE AVE**  
~~MIAMI BEACH, FL 33140~~ **MIAMI BEACH, FL 33140**  
~~SUITE 111~~ **SUITE 202**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME GODOY, PEDRO B  
STREET ADDRESS ~~2609 COLLINS AVE SUITE 111~~  
CITY - ST - ZIP MIAMI BEACH, FL 33140

TITLE ☒ Change ☐ Addition  
NAME ~~4014 CHASE AVE. SUITE 202~~  
STREET ADDRESS ~~4014 CHASE AVE. SUITE 202~~  
CITY - ST - ZIP

TITLE D ☐ Delete  
NAME SANCHEZ, RAUL  
STREET ADDRESS ~~2609 COLLINS AVE, STE 111~~  
CITY - ST - ZIP MIAMI BEACH, FL 33140

TITLE ☒ Change ☐ Addition  
NAME ~~4014 CHASE AVE. SUITE 202~~  
STREET ADDRESS ~~4014 CHASE AVE. SUITE 202~~  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07

Date

Daytime Phone #