2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000116785

1. Entity Name
TNECH, INC.

Principal Place of Business	Mailing Address
16450 MIAMI DRIVE #107 N MIAMI BEACH, FL 33162	16450 MIAMI DRIVE #107 N MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

04102004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1158135
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NECHTMAN, TODD J
16450 MIAMI DRIVE #107
N MIAMI BEACH, FL 33162

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

000000112128
04/14/04-80010-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	NECHTMAN, TODD J
STREET ADDRESS	16450 MIAMI DRIVE #107
CITY-ST-ZIP	N MIAMI BEACH, FL 33162
TITLE	DVT
NAME	ACOSTA, XIOMARA
STREET ADDRESS	16450 MIAMI DRIVE #107
CITY-ST-ZIP	N MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Todd J. Nechtman 4 12 04 3056096281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #