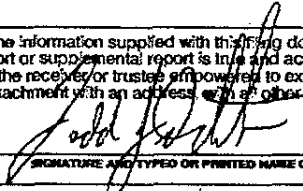


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000116785			
1. Entity Name TNECH, INC.			
Principal Place of Business 16450 MIAMI DRIVE #107 N MIAMI BEACH, FL 33162		Mailing Address 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		DO NOT WRITE IN THIS SPACE	
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	
		U000000112128 04/14/04-80010-014 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP NECHTMAN, TODD J 16450 MIAMI DRIVE #107 N MIAMI BEACH, FL 33162		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT ACOSTA, XIOMARA 16450 MIAMI DRIVE #107 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			
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, or in an other place empowered.			
SIGNATURE:  Todd J. Nechtman		4/12/04 3056096281	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	