FILED May 05, 2003 8:00 am Secretary of State

ONITONIA DOSINESS NEPONT (ODA)	05-05-2003 91787 039 ***150.00
DOCUMENT # PO200002003/ 1. Entity Name Technic Sonido Corp.	
DO NOT WRITE IN THIS SPACE	
Principal Place of Business 3. Mailing Address	
\$\frac{\sqrt{9} \in \text{W}}{\text{Suite, Apr. #, etc.}} \frac{\sqrt{9} \in \text{W}}{\text{Suite, Apr. #, etc.}}	DO NOT WRITE IN THIS SPACE
City & State City & State City & State Dania FL Dania FL	4. FEI Number Applied For Not Applied For Not Applicable
Zip Country Zip Country	5. Certificate of Status Desired \$8.75 Additional
33004 U.S.A. 33004 U.S.A.	7. Name and Address of Current Registered Agent
Name	01, 0, 0, 0, 1, 1, 1
**************************************	+ LexanCle Co. Villa lob & pass (P.O. Box Number is Not Acceptable)
# IN THIS SPACE	×10 5 12 1154. +
City	49 S.W. 115t post
The above named entity submits this statement for the purpose of changing its registered office or reg	Pania FL Zip Ggg 4
the obligations of registered agent.	, and the same and
SIGNATURE	
Sgrature, hiped or printed name of registered agent and title if applicable (NOTE: Registered Agent algorithms re- January 15 May 1 Fee le \$150.00	quired when re-nstating) DATE
After May: Fee is \$550.00 ft Amended UBR is \$61.25 ft Make Check Payable to Florida Department of States	9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS IIILE President - A Lexandre Villabous	
149 S.W. 11 Street	
STREET ADDRESS Davia, FL 33004 STREET ADDRESS CITY-ST-ZIP	Bergan, Commission of the Comm
TITLE SOLVENING STATES	
NAME OF THE PARTY	Market Brook State Comment
SINET ADDRESS CITY-ST- ZIP COTTS STORE	
INLE TO THE TOTAL THE TOTAL TO THE TOTAL TOT	
NAME STREET ADDRESSS STREET ADDRESSS	
CHY-SI-ZP CHY-SI-ZP	DO NOT WRITE
TITLE TITLE NAME OF THE PARTY O	IN THIS SPACE
STREET ACCRESS	CONTRACTOR OF THE CONTRACTOR O
CITY-S1-2P CITYSL7P	
TITLE THE THE THE THE THE THE THE THE THE TH	
STREET ADDRESS	
CITY-S1-ZIP	
ALME NUMBER OF THE PROPERTY OF	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
12. I become certify that the intermetion supplied with this filling does not quality for the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further certily that the information
indicated on this report or supplemental report is true and accurate and that my signature shall have of the corporation or the receiver or trustee empowered to execute this report as required by Chap attachment with an address, with all other like empowered.	a tha samo legal allect as if made uncer cath; that I am an officer or director - I
11 0 /11/	11/2 2/22
SIGNATURE: All Types on Printed Name of Signing Officer or Director	4/23/03 Days Daysing Physics #