2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000011033

Entity Name: TECHNOLINE USA, INC.

DOMINEVEZ, OSCAR

151 CRANDON BLVD., APT. 338

KEY BISCAYNE, FL 33149

Name:

Address:

City-St-Zip:

FILED Apr 23, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2121 PONCE DE LEON BLVD SUITE 240 CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** P.O. BOX 332 KEY BISCAYNE, FL 33149 FEI Number: 01-0607368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRATS, GABRIEL 2121 PÓNCE DE LEON BLVD SUITE 240 CORAL GABLES, FL 33134 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPST () Delete Title: () Change () Addition FERNANDEZ, LOUIS Name: Name: 2121 PONCE DE LEON BLVD SUITE 240 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition

Name:

Address:

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DOMINGUEZ, OSCAR

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I hereby certify that the information supplied with this filing does not qualify for the 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 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: OSCAR DOMINGUEZ VP 04/23/2005