

**2005 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000024511

1. Entity Name  
OBTECH CORPORATION



Principal Place of Business  
2844 SW 165TH AVENUE  
MIRAMAR, FL 33027

Mailing Address  
2844 SW 165TH AVENUE  
MIRAMAR, FL 33027



07142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-3015446	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PULIDO, ARGENIS  
2844 SW 165TH AVENUE  
MIRAMAR, FL 33027

**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

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PULIDO, MARIA S
STREET ADDRESS	2844 SW 165TH AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33027

TITLE	
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IN THIS SPACE**

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07/25/05-80002-017 150.00

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: X MARIA S PULIDO  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/20/05 9546965581  
Date Daytime Phone #