


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90016 032 ***158.75

DOCUMENT # P02000032215 1. Entity Name TECWATCH, INC.																													
Principal Place of Business 232 N.E. 25 AVENUE POMPANO BEACH, FL 33062			Mailing Address 232 N.E. 25 AVENUE POMPANO BEACH, FL 33062																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 50013 Suite, Apt. #, etc.																											
City & State		City & State POMPANO BEACH, FL		4. FEI Number 90-0028883																									
Zip 33074		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent STROK, THOMAS D 710 N.OCEAN BLVD. #1009 POMPANO BEACH, FL 33062				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) # 1009 City FL Zip Code																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
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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: <u>Thomas Strok</u> THOMAS STROK 2-16-04 954.427.4444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													

54008519



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