


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90172 011 ***150.00

DOCUMENT # P02000087216 1. Entity Name HIGH TECH SUPPORT, INC.					
Principal Place of Business 4855 GATEWAY GARDENS DRIVE BOYNTON BEACH, FL 33436			Mailing Address 4855 GATEWAY GARDENS DRIVE BOYNTON BEACH, FL 33436		
2. Principal Place of Business <i>4855 Gateway Gardens Dr.</i>		3. Mailing Address <i>4855 Gateway Gardens Dr.</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Boynton Beach, FL</i>		City & State <i>Boynton Beach, FL</i>		4. FEI Number 03-0478682	
Zip <i>33436</i>		Country <i>US</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>33436</i>		Country <i>US</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZUNIGA, MERCEDES 4855 GATEWAY GARDENS DRIVE BOYNTON BEACH, FL 33436				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZUNIGA, MERCEDES 4855 GATEWAY GARDENS DR. BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:

M. Mercedes Zuniga