2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State
05-04-2005 90136 005 ***150.00

DOCUMENT # P02000105548

1. Entity Name
TECNO MIAMI CORPORATION

66023297

Principal Place of Business	Mailing Address
3930 NE 2 AVE STE 202 MIAMI, FL 33137	3930 NE 2 AVE STE 202 MIAMI, FL 33137

01222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3656446
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KANTT, HUGO
3930 NE 2 AVE STE 202
MIAMI, FL 33137

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KANTT, HUGO E
STREET ADDRESS	3930 NE 2 AVE STE 202
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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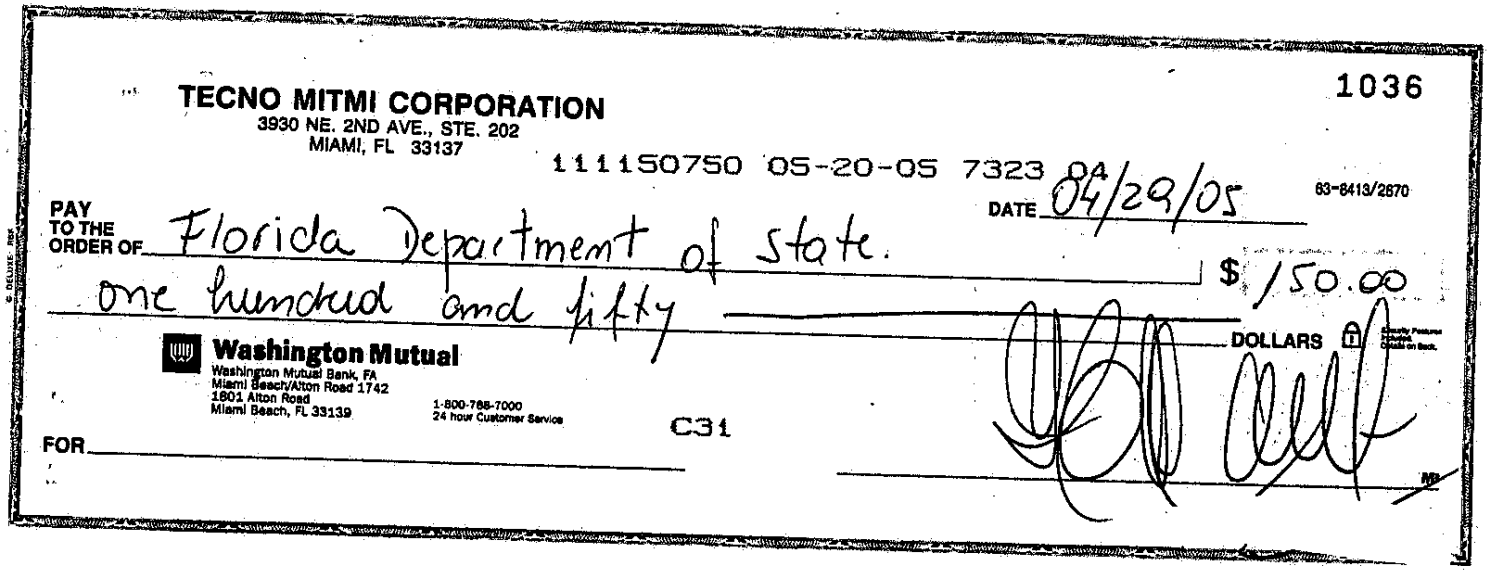
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

Daytime Phone #



TECNO MITMI CORPORATION
3930 NE. 2ND AVE., STE. 202
MIAMI, FL 33137

1036

111150750 05-20-05 7323 04

63-8413/2870

DATE 04/29/05

PAY TO THE ORDER OF Florida Department of state.

$ 150.00

one hundred and fifty

DOLLARS

Washington Mutual
Washington Mutual Bank, FA
Miami Beach/Alton Road 1742
1801 Alton Road
Miami Beach, FL 33139

1-800-788-7000
24 hour Customer Service

C31

FOR

ATTACHMENT
660023297
#102000105548