## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

## Feb 26, 2005 08:00 AM Secretary of State DOCUMENT # P02000108947 TECNOCONST, INC. Principal Place of Business Mailing Address 15420 S.W. 81ST CIRCLE LN 15420 S.W. 81ST CIRCLE LN APT. 39 MIAMI, FL 33193 MIAMI, FL 33193 02222005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2383295 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAZ, MIGUEL F DO NOT WRITE 15420 S.W. 81ST CIRCLE LINE APT. 39 IN THIS SPACE MIAMI, FL 33193 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, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DIAZ, MIGUEL F NAME STREET ADDRESS 15420 SW'81 STREET CIRCLE LINE APT 39 CITY-ST-ZIP MIAMI, FL 33193 TITLE NAME U00000244024 02/26/05-80004-003 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 charmer in 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED