2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

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## Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P02000114051 04-26-2004 90438 041 \*\*\*158.75 TECHNICAL TRADE & SALES, INC. Principal Place of Business Mailing Address 5001 SW 74TH CT 5001 SW 74TH CT 94064874 SUITE 101 **MIAMI FL 33155 MIAMI FL 33155** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 61-1429378 Not Applicable Ζiρ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ESPINOSA, ANDRES Street Address (P.O. Box Number is Not Acceptable) 11830 S.W. 108TH TERRACE **MIAMI FL 33186** City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **VSTD** TITLE ☐ Defete TITLE ☐ Change Addition ESPINOSA, ANDRES NAME NAME 5001 S.W. 74TH COURT SUITE 101 STREET ADDRESS STREET ADDRESS MIAMI FL 33155 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition DIAZ, FRANCISCO J NAME NAME 5001 S.W. 74TH COURT SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 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 truetee 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.

**FILED**