2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000028601

Name:

Address: City-St-Zip:

Entity Name: TECNOJURIS USA, CORP.

FILED Jan 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3150 NORTH PALMAIRE DRIVE APT. 101 BLDNG 10 POMPANO BEACH, FL 33069 **Current Mailing Address: New Mailing Address:** MULTICTRO EMPRES DEL ESTE PISO 1 A11 A12 DTO FEDERAL, CARACAS 1060 CARACAS VENEZUELA, MI 1060 FEI Number: 05-0585302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ORTA MARTINEZ, RAYMOND J 3150 NORTH PALMAIRE DRIVE APT. 101 BLDNG 10 POMPANO BEACH, FL 33069 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ORTA POLEO, RAIMUNDO E Name: Name: 3150 NORTH PALMAIRE DRIVE APT. 101 BLDG 10 Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ORTA MARTINEZ, RAYMOND J Name: 3150 NORTH PALMAIRE DRIVE APT. 101 BLDG 10 Address: Address: POMPANO BEACH, FL 33069 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition DE ORTA, ISABEL M Name: Name: 3150 NORTH PALMAIRE DRIVE APT. 101 BLDG 10 Address: Address: POMPANO BEACH, FL 33069 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition DE ORTA, FABIOLA F Name: Name: Address: 3150 NORTH PALMAIRE DRIVE APT. 101 BLDG 10 Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RAYMOND ORTA MARTINEZ MR 01/28/2008

ORTA MARTINEZ, ROBERTO E OFFICER

POMPANO BEACH, FL 33069

3150 NORTH PALMAIRE DRIVE APT, 101 BLDG 10