

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90246 049 ***158.75

DOCUMENT # P03000067292

1. Entity Name
TECH ONE PERFORMANCE INC.



Principal Place of Business
220 NW 40TH CT
POMPANO BEACH, FL 33064

Mailing Address
220 NW 40TH CT
POMPANO BEACH, FL 33064

94072402

2. Principal Place of Business
4044 Crescent
Creek Drive
Suite, Apt. #, etc.

3. Mailing Address
4044 Crescent Creek Drive
Suite, Apt. #, etc.



04222004 Chg-P CR2E034 (10/03)

City & State
Coconut Creek FL
Zip 33073
Country USA

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Coconut Creek FL
Zip 33073
Country USA

4. FEI Number
55-0822498
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KERR, BRYAN S
KERR & KERR LLP
9924 SW 156 CT
MIAMI, FL 33196

7. Name and Address of New Registered Agent

Name Richard A. Frater
Street Address (P.O. Box Number is Not Acceptable)
4044 Crescent Creek Dr.
C.
City Coconut Creek FL Zip Code 33073

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 April 27 2004

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May-1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	FRATER, RICHARD	
STREET ADDRESS	220 NW 40TH CT	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRATER, MONIQUE	
STREET ADDRESS	220 NW 40TH CT	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRATER, RICHARD JR	
STREET ADDRESS	220 NW 40TH CT	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRATER, MARK R	
STREET ADDRESS	220 NW 40TH CT	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 by 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 11 if changed, or on an attachment with an address with an officer like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE April 27 2004 (954) 411-0334
Daytime Phone #

COPY