

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90014 049 ***150.00

DOCUMENT # P03000073981

1. Entity Name
TECHNOLOGIES & COMMUNICATIONS, INC.



Principal Place of Business
**4920 NW 79 AVE.
208
MIAMI, FL 33166 US**

Mailing Address
**4920 NW 79 AVE.
208
MIAMI, FL 33166 US**

34000004

2. Principal Place of Business
8180 NW 36TH ST.

3. Mailing Address
8180 NW 36TH ST

Suite, Apt. #, etc.
310

City & State
Miami FL

Zip
33166

Country
USA



07152004 Chg-P CR2E034 (10/03)

4. FEI Number
31-1825011

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

6. Name and Address of Current Registered Agent
**MARTINEZ, ALFREDO E
4920 NW 79 AVE
208
MIAMI, FL 33166**

7. Name and Address of New Registered Agent
Name **MONICA MARTINEZ - PIMENTEL**
Street Address (P.O. Box Number is Not Acceptable)
8180 NW 36TH ST. SUITE 310
City **Miami FL** Zip Code **33166**

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]* **MONICA MARTINEZ** DATE **7/15/04**

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
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	MARTINEZ, ALFREDO E MR.	TITLE PRESIDENT	MONICA MARTINEZ
STREET ADDRESS 4920 NW 79 AVE. #208		STREET ADDRESS 9631 SW 163 AVE	
CITY-ST-ZIP MIAMI, FL 33166		CITY-ST-ZIP MIAMI FL 33196	
TITLE VP	HERNANDEZ, INGUER L	TITLE VP	MARCOS R. PIMENTEL
STREET ADDRESS 4920 NW 79 AVE. #208		STREET ADDRESS 9631 SW 163 AVE	
CITY-ST-ZIP MIAMI, FL 33166		CITY-ST-ZIP MIAMI FL 33196	
TITLE 		TITLE 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 		TITLE 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 		TITLE 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		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; 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: *[Signature]* **7/15/04** **305-3036203**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR