

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086829

FILED
Apr 07, 2004
Secretary of State

Entity Name: HANDYMAN TECHNICIANS INC.

Current Principal Place of Business:

4861 NW 2ND AVE
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

6841 NW 2ND AVE
FORT LAUDERDALE, FL 33309

Current Mailing Address:

4861 NW 2ND AVE
FORT LAUDERDALE, FL 33309

New Mailing Address:

6841 NW 2ND AVE
FORT LAUDERDALE, FL 33309

FEI Number: 20-0138185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ DE CASTRO, ALAOR
4861 NW 2ND AVE
FORT LAUDERDALE, FL 33309

Name and Address of New Registered Agent:

FERNANDEZ DE CASTRO, ALAOR
6841 NW 2ND AVE
FORT LAUDERDALE, FL 33309

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: ALAOR F CASTRO

04/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: FERNANDES DE CASTRO, ALAOR
Address: 4861 NW 2ND AVE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: FERNANDES DE CASTRO, ALAOR
Address: 4861 NW 2ND AVE
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: FERNANDES DE CASTRO, ALAOR
Address: 6841 NW 2ND AVE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D (X) Change () Addition
Name: FERNANDES DE CASTRO, ALAOR
Address: 6841 NW 2ND AVE
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: ALAOR F CASTRO

PVTS

04/07/2004

Electronic Signature of Signing Officer or Director

Date