

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90014 020 \*\*\*158.75

<b>DOCUMENT # P03000091235</b> 1. Entity Name <b>TECHNO COOP USA INC.</b>					
Principal Place of Business <b>233 N FEDERAL HWY #39 DANIA BEACH, FL 33004</b>			Mailing Address <b>1321 N FEDERAL HWY HOLLYWOOD, FL 33020</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">00413100</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>01292004    Chg-P    CR2E034 (10/03)</span> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">             4. FEL Number  <b>56-2388584</b> </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;">             Applied For              Not Applicable           </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">             5. Certificate of Status Desired    <input checked="" type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;"> <b>\$8.75</b> Additional              Fee Required           </div> </div>	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="border: 1px solid black; padding: 0 5px;">FL</span> 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 _____ (NOTE: Registered Agent signature required when re-appointing)      DATE _____					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HUSZAR, IMRE 233 N FEDERAL HWY #39 DANIA BEACH, FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOMAROMI, DR. ATTILA 233 N FEDERAL HWY #39 DANIA BEACH, FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VARGA, DR. MIKLOS 233 N FEDERAL HWY #39 DANIA BEACH, FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Varga Miklos</b> <b>04/14/04</b> <b>954 647 7236</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					