

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90199 024 ***158.75

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1. Entity Name
TECHNO COOP USA INC.



Principal Place of Business
**233 N FEDERAL HWY #39
DANIA BEACH, FL 33004**

Mailing Address
**1321 N FEDERAL HWY
HOLLYWOOD, FL 33020**



02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2388584	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KISS, JOZSEF L
1321 N FEDERAL HWY
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME	HUSZAR, IMRE
STREET ADDRESS	233 N FEDERAL HWY #39
CITY-ST-ZIP	DANIA BEACH, FL 33004

TITLE	V
NAME	KOMAROMI, DR. ATTILA
STREET ADDRESS	233 N FEDERAL HWY #39
CITY-ST-ZIP	DANIA BEACH, FL 33004

TITLE	S
NAME	VARGA, DR. MIKLOS
STREET ADDRESS	233 N FEDERAL HWY #39
CITY-ST-ZIP	DANIA BEACH, FL 33004

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/ 954 927 4840

Date

Daytime Phone #