

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093603

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: OPTECH TECHNOLOGY CORPORATION

## Current Principal Place of Business:

11870 W STATE ROAD 84 #C10  
DAVIE, FL 33325

## New Principal Place of Business:

## Current Mailing Address:

11870 W STATE ROAD 84 #C10  
DAVIE, FL 33325

## New Mailing Address:

FEI Number: 20-0187250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRANSON, PAUL  
11870 W STATE ROAD 84 #C10  
DAVIE, FL 33325 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: CANABARRO, GILBERTO LUIS  
Address: 11870 W STATE ROAD 84 #C10  
City-St-Zip: DAVIE, FL 33325

Title: DV ( ) Delete  
Name: BARONIO, CELSO  
Address: 11870 W STATE ROAD 84 #C10  
City-St-Zip: DAVIE, FL 33325

Title: DTS ( ) Delete  
Name: VIANNA, CLAUDIA  
Address: 11870 W STATE ROAD 84 #C10  
City-St-Zip: DAVIE, FL 33325

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CLAUDIA VIANNA

DTS

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date