## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## Jul 12, 2004 8:00 am Secretary of State DOCUMENT # P03000127969 07-12-2004 90119 001 \*\*\*150.00 07-12-2004 90119 002 \*\*\*\*\*8.75 TECHLINE SERVICE, INC. Principal Place of Business Mailing Address 6611 WINFIELD BLVD, UNIT 102 6611 WINFIELD BLVD, UNIT 102 66429813 MARGATE, FL 33063 MARGATE, FL 33063 2. Principal Place of Busines 3. Mailing Address 6611 windield Blud. Suite, Apt. #, etc Suite, Apt. #, etc. 06162004 Cha-P CR2E034 (10/03) 102 102. City & State City & State 4. FEI Number Applied For 45,054 Heraete 20-040659 Not Applicable Country U Country \$8.75 Additional 5. Certificate of Status Desired 33063 3063 ى.s. A ، O.S.A Fee Required . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOSCH, JAIRO M 5440 N STATE ROAD 6, STE 5 Street Address (P.O. Box Number is Not Acceptable) - ----FT LAUDERDALE, FL 33319 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVTS 7775** TITLE ☐ Delete TITLE Change Cabrara, Casar A. ☐ Addition OSPINA, CESAR A NAMÉ NAME 6611 windreld Blud , Unit 102 STREET ADDRESS 6611 WINFIELD BLVD, UNIT 102 STREET ADDRESS Hargate, FL 33063 CITY-ST-ZIP MARGATE FL 33063 CITY-S1-ZIP TITLE ☐ Delete TITLÉ Change ■ Addition Cabrera, Casar A. 102 OSPINA, CESAR A NAME NAME STREET ADDRESS 6611 WINFIELD BLVD, UNIT 102 STREET ADDRESS CITY-ST-7IP MARGATE, FL 33063 CITY-ST-ZIP 33063 TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIE TITLE . Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZII CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 trusteelempowered 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 954-822-7168 SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone

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