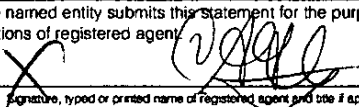
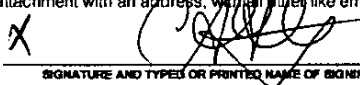


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90464 040 \*\*\*150.00

<b>DOCUMENT # P03000157876</b> 1. Entity Name <b>TECHNOLOGY SPA, INC.</b>			
Principal Place of Business <b>11136 SW 70TH TERRACE MIAMI, FL 33173</b>		Mailing Address <b>11136 SW 70TH TERRACE MIAMI, FL 33173</b>	
2. Principal Place of Business <b>10305 SW 132ND ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>10305 SW 132ND ST</b> Suite, Apt. #, etc.	
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>	
Zip <b>33176-6055</b>		Zip <b>33176-6055</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>86-1093137</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAFUENTE, JUAN C 11136 SW 70TH TERRACE MIAMI, FL 33173</b>		7. Name and Address of New Registered Agent Name <b>Juan C. Lafuente</b> Street Address (P.O. Box Number is Not Acceptable) <b>10305 SW 132ND ST.</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33176</b>	
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 		DATE <b>4/29/06</b>	
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>LAFUENTE, JUAN C 11136 SW 70TH TERRACE MIAMI, FL 33173</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Juan C. Lafuente 10305 SW 132ND ST. Miami FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ALONSO, CARIDAD 11136 SW 70TH TERRACE MIAMI, FL 33173</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Caridad Alonso 10305 SW 132ND ST Miami FL 33176</b>
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
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 exemptions contained in Chapter 119, 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, without other like empowered.			
SIGNATURE: 		Date <b>4/29/06</b> (305) 235 6521	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	