FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90109 044 ***150.00

FROM :GLORIA>CASTTILLOASSOC2739382) FAX NO. :305 598 2807

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000157876

1. Entity Name
TECHNOLOGY SPA, INC.

40101607

Principal Place of Business	Mailing Address
10305 SOUTHWEST 132ND STREET MIAMI, FL 33176-6055 US	10305 SOUTHWEST 132ND STREET MIAMI, FL 33176-6055 US
2. Principal Place of Business - No P.O. Box #: 4315 NW 7th Street	3. Mailing Address: 4315 NW 7th St.
Suite, Apt. #, etc.: 3-D	Suite, Apt. #, etc.: 3-D
City & State: Miami, FL	City & State: Miami, FL
Zip: 33126 Country:	Zip: 33126 Country:

04272007 Chg-P CR2E034 (12/06)

4. FEI Number: 86-1093137 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAFUENTE, JUAN C
10305 SW 132ND ST.
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name: Lafuente Juan Carlos.
Street Address (P.O. Box Number is Not Acceptable): 7924 SW 107TH STREET
City: Miami FL Zip Code: 33157

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] DATE: 4/30/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 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	P LAFUENTE, JUAN C 10305 SW 132ND ST. MIAMI, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Lafuente Juan C. 7924 SW 107 TH STREET Miami, FL 33157	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALONSO, CARIDAD 10305 SW 132ND ST. MIAMI, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Alonso, Caridad 7924 SW 107 TH STREET. Miami FL 33157	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: X [signature] Date: 4/30/07

Signature, typed or printed name of signing officer or director. Daytime Phone #