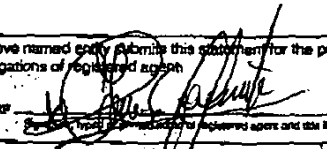
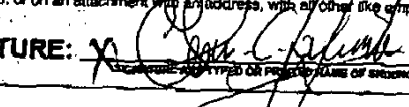
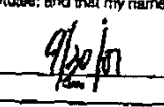


FILED
May 02, 2007 8:00 am
Secretary of State

FROM : GLORIA > CASTILLO ASSOC 2739382 FAX NO. : 305 598 2807

05-02-2007 90109 044 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000157876			
1. Entity Name TECHNOLOGY SPA, INC.			
Principal Place of Business 10305 SOUTHWEST 132ND STREET MIAMI, FL 33176-6055 US		Mailing Address 10305 SOUTHWEST 132ND STREET MIAMI, FL 33176-6055 US	
2. Principal Place of Business - New D. 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 USA	
4. FEI Number 88-1093137		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04272007 Chg-P CRZE034 (12/06)	
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 182 TH STREET City Miami FL 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 		DATE 4/30/07	
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 P		TITLE P	
NAME LAFUENTE, JUAN C		NAME Lafuente Juan C	
STREET ADDRESS 10305 SW 132ND ST.		STREET ADDRESS 7924 SW 182 TH STREET	
CITY-ST-ZIP MIAMI, FL 33176		CITY-ST-ZIP MIAMI, FL 33157	
TITLE VP		TITLE V.P.	
NAME ALONSO, CARIDAD		NAME Alonso, Caridad	
STREET ADDRESS 10305 SW 132ND ST.		STREET ADDRESS 7924 SW 182 TH STREET	
CITY-ST-ZIP MIAMI, FL 33176		CITY-ST-ZIP MIAMI, FL 33157	
TITLE 		TITLE 	
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 		TITLE 	
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 		TITLE 	
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 OF SECOND OFFICER OR DIRECTOR		Daytime Phone #	