
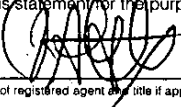
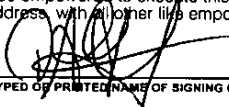


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90400 002 ***150.00

DOCUMENT # P03000157876 1. Entity Name TECHNOLOGY SPA, INC.																																																																																												
Principal Place of Business 4315 NW 7TH STREET 3-D MIAMI, FL 33126 US			Mailing Address 4315 NW 7TH STREET 3-D MIAMI, FL 33126 US																																																																																									
2. Principal Place of Business - No P.O. Box # 7924 SW 187 ST.		3. Mailing Address Suite, Apt. #, etc.																																																																																										
City & State Miami Florida		City & State Suite, Apt. #, etc.		4. FEI Number 86-1093137																																																																																								
Zip 33157		Country Orde.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																								
6. Name and Address of Current Registered Agent LAFUENTE, JUAN C 7924 SW 187TH ST MIAMI, FL 33157				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																								
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: 4/23/08																																																																																								
FILE NOW!!! FEE IS \$150.00: After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																									
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LAFUENTE, JUAN C</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>7924 SW 187TH STREET</td> <td></td> </tr> <tr> <td></td> <td>MIAMI, FL 33157</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ALONSO, CARIDAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2924 SW 187TH STREET</td> <td></td> </tr> <tr> <td></td> <td>MIAMI, FL 33157</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	LAFUENTE, JUAN C		CITY-ST-ZIP	7924 SW 187TH STREET			MIAMI, FL 33157		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	ALONSO, CARIDAD		CITY-ST-ZIP	2924 SW 187TH STREET			MIAMI, FL 33157		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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 life empowered.																																																																																												
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 786 879 0425																																																																																								