

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000013677

1. Entity Name  
TECHNOLOGY TRADE GROUP, INC.



Principal Place of Business  
6824 N.W. 113 PLACE  
MIAMI, FL 33178

Mailing Address  
6824 NW 113 PLACE  
MIAMI, FL 33178

2. Principal Place of Business - No P.O. Box #  
**1442 Biscayne Boulevard**

Suite, Apt. #, etc.

3. Mailing Address  
**1442 Biscayne Boulevard**

Suite, Apt. #, etc.

**FILED  
Jul 07, 2008 8:00 am  
Secretary of State**

07-07-2008 90004 008 \*\*\*150.00

**40109708**



06112008 Chg-P CR2E034 (12/06)

City & State  
**Miami, Florida**

Zip **33132** Country **USA**

City & State  
**Miami, Florida**

Zip **33132** Country **USA**

4. FEI Number  
**16-1691262**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PALACIOS, ANDREA C  
6824 N.W. 113 PL.  
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name **Palacios, Andrea Carolina**

Street Address (P.O. Box Number is Not Acceptable)

**1442 Biscayne Boulevard**

City **Miami**

FL Zip Code **33132**

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.

*Handwritten Signature: Andrea Carolina Palacios. Director. 06/12/08*

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORENO, MARIA M 6824 N.W. 113 PLACE MIAMI, FL 33178	<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	VPD PALACIOS, OMAR R 6824 N.W. 113 PLACE MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD PALACIOS, OMAR REY 1442 BISCAYNE BOULEVARD MIAMI, FL 33132</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR PALACIOS, ANDREA C 6824 N.W. 113 PLACE MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DR/S PALACIOS, ANDREA CAROLINA 1442 BISCAYNE BOULEVARD MIAMI - FL 33132</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR PALACIOS, BIANCA G 6824 N.W. 113 PLACE MIAMI, FL 33178	<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 checked="" type="checkbox"/> Addition <b>DR PALACIOS, OMAR ANDRES 1442 BISCAYNE BOULEVARD MIAMI, FL 33132</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

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:** *Handwritten Signature*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**06/12/08 805.377.8817**

Date

Daytime Phone #