

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-07-2008 90004 008 ***150.00

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**

40109708

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

3. Mailing Address
1442 Biscayne Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06112008

Chg-P

CR2E034 (12/06)

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
16-1691262

Applied For
Not Applicable

Zip
33132

Country
USA

Zip
33132

Country
USA

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.

SIGNATURE *Andrea Carolina Palacios* **Andrea Carolina Palacios** **Administrative Director** **06/12/08**
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

TITLE **PD** ☐ Delete
NAME **MORENO, MARIA M**
STREET ADDRESS **6824 N.W. 113 PLACE**
CITY - ST - ZIP **MIAMI, FL 33178**

TITLE **VPD** ☐ Delete
NAME **PALACIOS, OMAR R**
STREET ADDRESS **6824 N.W. 113 PLACE**
CITY - ST - ZIP **MIAMI, FL 33178**

TITLE **DR** ☐ Delete
NAME **PALACIOS, ANDREA C**
STREET ADDRESS **6824 N.W. 113 PLACE**
CITY - ST - ZIP **MIAMI, FL 33178**

TITLE **DR** ☐ Delete
NAME **PALACIOS, BIANCA G**
STREET ADDRESS **6824 N.W. 113 PLACE**
CITY - ST - ZIP **MIAMI, FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME **PALACIOS, OMAR REY**
STREET ADDRESS **1442 BISCAYNE BOULEVARD**
CITY - ST - ZIP **MIAMI, FL 33132**

TITLE **DR/S** ☒ Change ☐ Addition
NAME **PALACIOS, ANDREA CAROLINA**
STREET ADDRESS **1442 BISCAYNE BOULEVARD**
CITY - ST - ZIP **MIAMI - FL 33132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **DR** ☐ Change ☒ Addition
NAME **PALACIOS, OMAR ANDRES**
STREET ADDRESS **1442 BISCAYNE BOULEVARD**
CITY - ST - ZIP **MIAMI, FL 33132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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: *Andrea Carolina Palacios* **06/12/08** **805.377.8817**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #