

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000099044

1. Entity Name
TEK-SYSTEM CONSULTING CORP.



FILED

06 SEP 18 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11087 NW 87TH PLACE
HIALEAH GARDENS, FL 33018

Mailing Address
11087 NW 87TH PLACE
HIALEAH GARDENS, FL 33018

2. Principal Place of Business
11448 West Okeechobee Rd.
Suite, Apt. #, etc.

3. Mailing Address
11448 West Okeechobee Rd.
Suite, Apt. #, etc.



08292006 Chg-P CR2E034 (11/05)

City & State
Hialeah Gardens, FL

City & State
Hialeah Gardens, FL

4. FEI Number
51-0516570

Applied For
Not Applicable

Zip
33018

Country
USA

Zip
33018

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORGA, LUIS A
11087 NW 87TH PLACE
HIALEAH GARDENS, FL 33018

Name
Isolda Saldarriaga

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

11448 West Okeechobee Rd.

City
Hialeah Gardens

FL

Zip Code
33015

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

Isolda Saldarriaga

9/18/06

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ORGA, LUIS A
11087 NW 87TH PLACE
HIALEAH GARDENS, FL 33018 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Isolda Saldarriaga
11448 West Okeechobee Rd.
Hialeah Gardens, FL 33018 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900080008889
09/20/06--01063--019 **\$61.25

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Isolda Saldarriaga 9/18/06

Date

Daytime Phone #

20 9/18