

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 25 AM 9:21

DOCUMENT # P04000106353

1. Entity Name
C-TECH USA CORP.



Principal Place of Business
910 NW 128 COURT
MIAMI, FL 33182

Mailing Address
910 NW 128 COURT
MIAMI, FL 33182

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-1307021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, JOSE
910 NW 128 COURT
MIAMI, FL 33182

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SUAREZ PINEYRO, CARLOS A
STREET ADDRESS CEIBAL 1735 APT. 203
CITY-ST-ZIP MONTEVIDEO, URUGUAY,

TITLE D ☐ Delete
NAME ALVEZ DO SANTOS, OLGA M
STREET ADDRESS CEIBAL 1735 APT. 203
CITY-ST-ZIP MONTEVIDEO, URUGUAY,

TITLE D ☐ Delete
NAME BELOQUI HIRIART, HUGO E
STREET ADDRESS CEIBAL 1735 APT. 203
CITY-ST-ZIP MONTEVIDEO, URUGUAY,

TITLE D ☐ Delete
NAME ALVES MACHADO, INES C
STREET ADDRESS CEIBAL 1735 APT. 203
CITY-ST-ZIP MONTEVIDEO, URUGUAY,

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 04/20/05 90355 017 \$150.00

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

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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 exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: Carlos A. Suarez

April 12, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #