

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-04-2006 90254 085 ***158.75

FILED P05000017741

2006 OCT 30 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06

1st MOORE CR2E034 (10/05)

4. FEI Number **20-2301964** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOPALIAN, GARABET	
STREET ADDRESS	4600 NW 74TH AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARTINEZ, LUIS A.	
STREET ADDRESS	4600 NW 74TH AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVAS, OMAIRA J.	
STREET ADDRESS	4600 NW 74TH AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVAS, WILLIAM	
STREET ADDRESS	4600 NW 74TH AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANABRIA, LUIS	
STREET ADDRESS	4600 NW 74TH AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANACHE, PEDRO	
STREET ADDRESS	4600 NW 74TH AVE.	
CITY-ST-ZIP	MIAMI FL 33166	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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

04.26.06

Date

305/5915950

Daytime Phone #

10/31

**CENTRO NACIONAL DE
TECNOLOGIA DE LA
INFORMACION Y
COMUNICACIÓN, CENATIC**

LUIS MARTINEZ