

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90034 033 ***150.00

DOCUMENT # P05000094815					
1. Entity Name TECHRIN HIJAZI, P.A.					
Principal Place of Business 2121 N. BAYSHORE DRIVE #718 MIAMI, FL 33137			Mailing Address 329 GRANELLO AVENUE CORAL GABLES, FL 33146		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7951 SW 40th St. Ste 206 Miami, FL 33155			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05082008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 20-3109957	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED STATES REGISTERED AGENTS, INC. 329 GRANELLO AVE CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name: G. J. Diaz Street Address (P.O. Box Number is Not Acceptable): 7951 SW 40th St. Ste 206 City: Miami FL Zip: 33155	
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: DATE: 5/8/08					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE : NAME: STREET ADDRESS: CITY-ST-ZIP:	P HIJAZI, TECHRIN 1643 BRICKELL AVENUE, SUITE 1104 MIAMI, FL 33129	TITLE : NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE : NAME: STREET ADDRESS: CITY-ST-ZIP:	P Techrin Hijazi 2121 N. Bayshore Drive #718 Miami, FL 33137	TITLE : NAME: STREET ADDRESS: CITY-ST-ZIP:			
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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:		Date: 5/8/08 Daytime Phone #: 305 261 0251			