
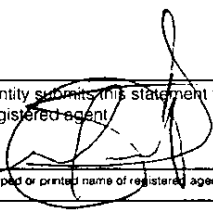
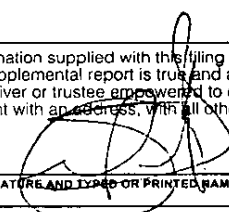


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90026 019 ***150.00

DOCUMENT # P06000034509					
1. Entity Name CNT TECHNOLOGY CORP.					
Principal Place of Business 16400 NE 17 AV APT 307 MIAMI, FL 33162			Mailing Address 16400 NE 17 AV APT 307 NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business - No P.O. Box # 2732 NW 22 AVE		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242007 Chg-P CR2E034 (12/06)	
City & State MIAMI, FL		City & State		4. FEI Number 204476273	
Zip 33162		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CEPEDA, RAFAEL B JR 178 NW 44 ST MIAMI, FL 33127				7. Name and Address of New Registered Agent Name: TORIBIO NATHANAEL Street Address (P.O. Box Number is Not Acceptable) 16400 NE 17 AVE #307 City: MIAMI, FL Zip Code: 33162	
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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 P	NAME TORIBIO, NATHANAEL <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 16400 NE 17 AVE	CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162		STREET ADDRESS	CITY-ST-ZIP	
TITLE VP	NAME ESPINOSA, CLEDI <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 16400 NE 17 AVE	CITY-ST-ZIP NORTH MAIMI BEACH, FL 33162		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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