

2007

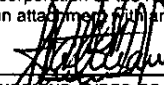
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90081 007 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P06000124431					
1. Entity Name TechSupply Corp.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 2703 Day Ave. <small>Suite, Apt. #, etc.</small> Suite 3 <small>City & State</small> Miami, FL <small>Zip</small> 33133			3. Mailing Address 2703 Day Ave. <small>Suite, Apt. #, etc.</small> Suite 3 <small>City & State</small> Miami, FL <small>Zip</small> 33133		
<small>Country</small> USA			<small>Country</small> USA		
			4. FEI Number 20-5624923		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent		
			<small>Name</small> O & P Tax-Accounting Corp.		
			<small>Street Address (P.O. Box Number is Not Acceptable)</small> 11890 S.W. 8th St.		
			<small>PH VII</small>		
			<small>City</small> Miami		<small>Zip Code</small> FL 33184
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution.</small>		
10. OFFICERS AND DIRECTORS					
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	D/P/T Habib, Salman 2703 Day Ave., Apt. 3 Miami, FL 33133		<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	D/VP/S Ulloque, Jorge L. 2703 Day Ave., Apt. 3 Miami, FL 33133		<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Salman Habib		4/7/07	305-450-0247
		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)