

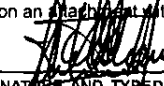
2009

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

09 MAY -6 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000124431					
1. Entity Name TechSupply Corp.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 9780 E. Indigo St. Suite, Apt. #, etc. Suite 203 City & State Palmetto Bay, FL Zip 33157-5610			3. Mailing Address 9780 E. Indigo St. Suite, Apt. #, etc. Suite 203 City & State Palmetto Bay, FL Zip 33157-5610		
			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					
Name Habib, Salman					
Street Address (P.O. Box Number is Not Acceptable) 3225 Margaret St.					
City Miami					
Zip Code FL 33133					
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 <u>Habib, Salman</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/T Habib, Salman 3225 Margaret St. Miami, FL 33133		TITLE NAME STREET ADDRESS CITY - ST - ZIP	800155533348 05/06/09--01023--004 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/VP/S Ulloque, Jorge L. 3225 Margaret St. Miami, FL 33133		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 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		4/16/09	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 305-529-3360	