

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008724

FILED  
Apr 02, 2008  
Secretary of State

Entity Name: MICROTECNICA CORPORATION

## Current Principal Place of Business:

5700 COLLINS AVENUE  
SUITE 9M  
MIAMI BEACH, FL 33131

## New Principal Place of Business:

## Current Mailing Address:

701 BRICKELL AVE.  
SUITE 3000  
MIAMI, FL 33140

## New Mailing Address:

5700 COLLINS AVENUE  
SUITE 9M  
MIAMI BEACH, FL 33131

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

MENDES, VICTOR  
5700 COLLINS AVENUE  
9M  
MIAMI BEACH, FL 33140 US

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.

SIGNATURE: VICTOR MENDES

04/02/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: NARDES MENDES, ROBERTO M  
Address: 5700 COLLINS AVENUE SUITE 9M  
City-St-Zip: MIAMI BEACH, FL 33131

Title: SD ( ) Delete  
Name: DA COSTA MENDES, MARINA N  
Address: 5700 COLLINS AVENUE SUITE 9M  
City-St-Zip: MIAMI BEACH, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO MENDES

PD

04/02/2008

Electronic Signature of Signing Officer or Director

Date