2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000017889

CODO, MILDRE F

6822 HOCHAD DR

ORLANDO, FL 32819 US

() Delete

Name:

Title:

Address:

City-St-Zip:

Entity Name: TECNINVEST AMERICA CORP

FILED Mar 12, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	CISION DR. S , FL 32819				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	CISION DR. S , FL 32819	TE A US			
FEI Number:	20-8428107	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
ACCOUNT BOOKKEEPING CORP 5950 LAKEHURST DR STE 246 ORLANDO, FL 32819 US			6220 S ORANGE BLOS STE 603	SAFETY BUSINESS INC 6220 S ORANGE BLOSSOM TRIAL STE 603 ORLANDO, FL 32809 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: CRISTINA RIVERA				03/12/2008	
	Electro	nic Signature of Registered Age	nt	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (CODO, JOSE 6822 HOCHAL ORLANDO, FL		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	S () Delete	Title: () Change () Addition	

Name:

Title:

Name:

Address:

City-St-Zip:

RP

(X) Change () Addition

Name: PORTIGLIATTI, ESTEFANO PORTIGLIATTI, STEFANO 6822 HOCHAD DR Address: Address: 6822 HOCHAD DR City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: ORLANDO, FL 32819 US

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: JOSE CODO DP 03/12/2008