

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90008 030 ***550.00

DOCUMENT # P93000079250

1. Entity Name
H.I.N.S.I.B. TECHNICAL OFFICE, INC.



40100111

Principal Place of Business
2121 PONCE DE LEON BLVD. #524
CORAL GABLES, FL 33134 US

Mailing Address
2121 PONCE DE LEON BLVD. #524
CORAL GABLES, FL 33134 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0448018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAJARDO, FARJO
2121 PONCE DE LEON BLVD. #524
MIAMI, FL 33134

Name **ALEJANDRO GONZALEZ**

Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD #524

City **MIAMI**

FL

Zip Code **33134**

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

Signature, typed or printed name of registered agent and title if applicable.

ALEJANDRO GONZALEZ

(NOTE: Registered Agent signature required when reinstating)

July 05, 2006

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PADILLA, JAVIER
STREET ADDRESS 2121 PONCE DE LEON BLVD SUITE 725
CITY-ST-ZIP CORAL GABLES, FL

TITLE ☒ Change ☐ Addition
NAME **2121 PONCE DE LEON BLVD SUITE 524**
STREET ADDRESS
CITY-ST-ZIP

TITLE VPTD ☐ Delete
NAME PADILLA, RAUL
STREET ADDRESS 2121 PONCE DE LEON BLVD., SUITE 725
CITY-ST-ZIP CORAL GABLES, FL

TITLE ☒ Change ☐ Addition
NAME **2121 PONCE DE LEON BLVD SUITE 524**
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME PADILLA, JOSE
STREET ADDRESS 2121 PONCE DE LEON BLVD., SUITE 725
CITY-ST-ZIP CORAL GABLES, FL

TITLE ☒ Change ☐ Addition
NAME **2121 PONCE DE LEON BLVD SUITE 524**
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME FAJARO, FABIO
STREET ADDRESS 2121 PONCE DE LEON BLVD. #524
CITY-ST-ZIP MIAMI, FL 33134

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
NAME **ALEJANDRO GONZALEZ**
STREET ADDRESS **2121 PONCE DE LEON BLVD SUITE 524**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

Javier Padilla

July 17, 2006 (305 443 4347)

Date

Daytime Phone #