2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # P95000003091** 04-21-2004 90013 039 ***158.75 1. Entity Name TECHNO ENGINEERING, INC Principal Place of Business Mailing Address 54037529 11911 US HWY 1 11911 US HWY 1 SUITE 201 SUITE 201 N PALM BEACH, FL 33408 N PALM BEACH, FL 33408 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04092004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0545417 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent D'JAHANSHAHI, MEHRNAZ K Street Address (P.O. Box Number is Not Acceptable) 11911 US HWY 1 **SUITE 201** N PALM BEACH, FL 33408 Zip Code 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9.º Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE Change Addition DTAHANSHAHI, MEHRNAZ K NAME NAME CHREET ADDRESS 170 CEASHORE DR 1207 GENERAL POINTETR STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 33418 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete____ TITLE . __ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME. __ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP THILE : . Change TITLE ☐ Deleter Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-7IP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

FILED