

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90083 042 ***150.00

DOCUMENT # P95000090358

1. Entity Name
TECH DEVELOPERS, INC.



Principal Place of Business
4444 SW 71 AVE
107
MIAMI, FL 33155 US

Mailing Address
4444 SW 71 AVE
107
MIAMI, FL 33155 US

00000433



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0622568

Applied For
Not Applicable

Zip

Country

Zip

Country

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

IGLESIAS, ROLANDO
2450 S.W. 137TH AVENUE #226
MIAMI, FL 33174

Name

Street Address (P.O. Box Number is Not Acceptable)

4444 SW 71 Ave

Suite 107

City **Miami**

FL

Zip Code **33155**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 ☐ Delete
NAME **D**
STREET ADDRESS **IGLESIAS, ROLANDO**
CITY-ST-ZIP **9265 S.W. 10TH TERRACE**
MIAMI, FL 33174

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **4444 S.W. 71 Ave, Ste 107**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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 SIGNING OFFICER OR DIRECTOR

ROLANDO IGLESIAS

01/10/05

305-667-0470

Date

Daytime Phone #