2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000098021

1. Entity Name
TECKSERVE USA, INC.

Principal Place of Business	Mailing Address
610 NE 29 STREET	610 NE 29 STREET
POMPANO BCH, FL 33064	POMPANO BCH, FL 33064

DO NOT WRITE IN THIS SPACE

03092006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0712014	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NOFIL, JOSEPH K PA.
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

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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 d applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	WAGNER, WOLFGANG
STREET ADDRESS	610 NE 29TH STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33064

TITLE	
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CITY-ST-ZIP	

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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 _WOLFGANG WAGNER_ 4-5-06 954-781-5999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #