
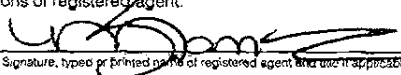



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000000527</b>		
1. Entity Name <b>TECHNION COMMUNICATIONS CORPORATION</b>		
Principal Place of Business <b>6931 NW 88TH AVENUE TAMARAC, FL 33321 US</b>	Mailing Address <b>6931 NW 88TH AVENUE TAMARAC, FL 33321 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Name and Address of Current Registered Agent  <b>SANCHEZ, MARY 6931 NW 88TH AVENUE TAMARAC, FL 33321</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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:  <small>Signature, typed or printed name of registered agent and not in app. 602.010</small> (NOTE: Registered Agent signature required when reappointing) DATE: _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing— <small>Trust Fund Contribution.</small> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPUNEN, SANDRA 6931 NW 88TH AVENUE TAMARAC, FL 33321	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISDORFER, CHRIS 6931 NW 88TH AVENUE TAMARAC, FL 33321	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANCHEZ, MARY 8412 DUNDEE TERRACE MIAMI LAKES, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date: _____ Daytime Phone #: _____		



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0722738</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

000000027300  
02/03/04-80041-006 150.00