

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90999 016 ***150.00

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1. Entity Name
TECHNOSHIP, INC.



Principal Place of Business
**1326 SE 3RD AVE
FT LAUDERDALE, FL 33316 US**

Mailing Address
**1326 SE 3RD AVE
FT LAUDERDALE, FL 33316 US**



04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0763725

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MULLEN & BIZZARRO, P.A.
2929 E COMMERCIAL BLVD
STE PH-C
FT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BERSANI, ALBERTO
VIO SAN PIETRO INCARNAIO 3
VERONA ITALY,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SESTINI, MASSIMO
VIA BROSETA 79
BERGAMO ITALY,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SGALLA, FRANCO
VIA MARCILLIANA 36/L
POLVERIGI ANCONA ITALY,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Alberto Bersani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04
Date

954-468-9997
Daytime Phone #