

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000099634			
1. Entity Name TECHIND CORPORATION			
Principal Place of Business 3220 NE 56 CT. FORT LAUDERDALE, FL 33308		Mailing Address 3220 NE 56 CT. FORT LAUDERDALE, FL 33308	
DO NOT WRITE IN THIS SPACE			
		07012004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0820045	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLATKIN, SHELDON T ESQ. 9900 W. SAMPLE RD., SUITE 400 CORAL SPRINGS, FL 33065		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 5, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	BENTIVOGLIO, ALFREDO		
STREET ADDRESS	3220 NE 56 CT.		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		
TITLE	D		
NAME	BENTIVOGLIO, CARMEN		
STREET ADDRESS	3220 NE 56 CT.		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307		
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)(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: 		Date 7/1/04 Daytime Phone # 954 7760164	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			