2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 08:00 AM Secretary of State

DOCUMENT # P98000036558 1. Entity Name CONTECNICA INTERNATIONAL, INC.		
Principal Place of Business 13501 SW 128 ST 117 MIAMI, FL 33186	Mailing Address 4315 NW 7TH ST 51 MIAMI, FL 33126	<u> </u>



DO NOT WOITE IN THE COM	02212005 No Chg-P CR2E034 (10/03)		
DO NOT WRITE IN THIS SPACE	4. FEI Number Applied For 65-0840814 Not Applicable		
	5. Certificate of Status Desired \$8.75 Additional		
	5. Certificate of Status Desired Fee Required		
6. Name and Address of Current Registered Agent			
DIAZ, LUIS H 13040 SW 88 TERRACE S	DO NOT WRITE		
MIAMI, FL 33186	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	Tagent signature required when reinstating) DATE		
FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.	ncing \$5.00 May Be		
10. OFFICERS AND DIRECTORS			
TITLE PD NAME DIAZ, LUIS H			
STREET ADDRESS 9390 MERINO CIRCLE	U00000288237 04/05/05-80001-024 150.00		
City-st-zip NAPLES, FL 34414	0 17 007 00 00001 0E1 100.00		
NAME.			
STREET ADDRESS CITY-ST-ZIP			
TITLE	1 -		
NAME STREET ADDRESS	DO NOT WOLTE		
CITY-ST-ZIP	DO NOT WRITE		
TITLE	IN THIS SPACE		
NAME STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME			
STREET ADDRESS			
CITY-\$1-ZIP 19 I hereby certify that the information supplied with this filling does not qualify for the exer	mption stated in Section 119 07(3)(i) Florida Statutes. I further cartify that the information		

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 eath; 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:

SIGRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/05 (30\$ 35) - 676>