


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90203 016 \*\*\*550.00

DOCUMENT # P98000083747	
1. Entity Name TECHNIQUES & DEVELOPMENT INTERNATIONAL, INC.	

Principal Place of Business 1717 NORTH <del>MAYSHORE</del> DRIVE <del>#2530</del> <i>Bayside</i> MIAMI, FL 33132 <i>#3155</i>	Mailing Address <i>Bayside</i> 1717 NORTH <del>MAYSHORE</del> DRIVE <del>#2530</del> <i>#3155</i> MIAMI, FL 33132
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05052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1005020	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

EDELSTEIN, STEVEN A  
1200 ANASTASIA AVENUE  
SUITE 410  
CORAL GABLES, FL 33134

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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	PD RENAUD, JACQUES <i>Bayside</i> 1717 NORTH <del>MAYSHORE</del> DRIVE <del>#2530</del> <i>#3155</i> MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LONGUE, MAURICE B.P. 5075 GRAND CASE 97150 SAINT MARTIN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENAUD, PHILIPPE <i>#3155</i> 1717 NORTH <del>MAYSHORE</del> DRIVE <del>#2530</del> MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*x 5/05/04*  
Date

Daytime Phone #