

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90050 028 ***150.00

DOCUMENT # P99000027152					
1. Entity Name TUCHOTEC, INC.					
Principal Place of Business 2246 NW 160 TER. PEMBROKE PINES, FL 33028			Mailing Address 2246 NW 160 TER. PEMBROKE PINES, FL 33028		
2. Principal Place of Business - No P.O. Box # 9837 NW 16th Ct		3. Mailing Address 9837 NW 16th Ct			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02212007 Chg-P CR2E034 (12/06)	
City & State Pembroke Pines		City & State Pembroke Pines, FL 33024		4. FEI Number 65-0907712	
Zip 33024		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ODICIO, LUIS E 9837 NW 16TH CT HOLLYWOOD, FL 33024			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PTD NAME ODICIO, LUIS E STREET ADDRESS 2246 NW 160 TER. CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Delete		TITLE PTD NAME ODICIO, LUIS E. STREET ADDRESS 9837 NW 16th Ct CITY-ST-ZIP Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME ODICIO, MARIA STREET ADDRESS 2246 NW 160 TER. CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Delete		TITLE SD NAME ODICIO, Maria STREET ADDRESS 9837 NW 16th Ct CITY-ST-ZIP Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			Luis Odicio 2/20/07 9548220673		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		