


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-09-2005 90003 039 ***150.00

DOCUMENT # P99000053311 1. Entity Name UPTECH DISTRIBUTORS INC.																																													
Principal Place of Business 7205 NW 68 ST STE 7 MIAMI FL 33166				Mailing Address 6621 SW 72 STREET MIAMI FL 33143 10279 SW 77 CT																																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 10279 SW 77 CT Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)																																									
City & State MIAMI FL 33156		City & State MIAMI FL 33156																																											
Zip 33156		Zip 33156																																											
Country DADE		Country DADE																																											
4. FEI Number 65-0944729				Applied For <input type="checkbox"/> Not Applicable																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FISCHER, HELGA M 6621 SW 72 STREET MIAMI FL 33143																																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 <i>[Signature]</i> 8/3/05 <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee WILL BE \$550.00 Make Check Payable to Florida Department of State				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																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width: 50%; padding: 2px;"> PSTD FISCHER, HELGA M 6621 SW 72 STREET MIAMI FL 33143 10279 SW 77 CT MIAMI, FL 33156 </td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>				TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSTD FISCHER, HELGA M 6621 SW 72 STREET MIAMI FL 33143 10279 SW 77 CT MIAMI, FL 33156	<input type="checkbox"/> Delete																						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8-3-05 305 770-8206 <small>Date Daytime Phone #</small>																																									

ATTACHMENT

66026809

**Florida Department of State
Division of Corporations**

Subject:

Uptech Distributors

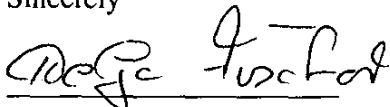
Reference Number:

P99000053311

Hereby, I Helga Fischer, president of Uptech Distributors a corporation registered in the State of Florida, certify that we did not received the annual report notice and under the provision of the Division of Corporations, apply for waiver of the \$400.

We thank in advance for the cooperation with this matter.

Sincerely



Helga Fischer

Uptech Distributors
10279 SW 77th Court
Miami, FL 33156