

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S17429

FILED  
Jan 16, 2004  
Secretary of State

Entity Name: TECHNO-MANAGEMENT, INC.

## Current Principal Place of Business:

4090 LAGUNA ST  
202  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

4108 LAGUNA STREET  
CORAL GABLES, FL 33146 US

## Current Mailing Address:

4090 LAGUNA ST  
202  
CORAL GABLES, FL 33146 US

## New Mailing Address:

4108 LAGUNA STREET  
CORAL GABLES, FL 33146 US

FEI Number: 65-0233547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PALLI, JOSE MANUEL  
9700 SO. DIXIE HWY, STE. 930  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: SZMULEWICZ, SILVIO  
Address: 6411 SW 35 ST  
City-St-Zip: MIAMI, FL 33155

Title: DVPT ( ) Delete  
Name: SZMULEWICZ, SUSANA E DE  
Address: 6411 SW 35 ST  
City-St-Zip: MIAMI, FL 33155

Title: VP ( ) Delete  
Name: CELSO, PIZANO  
Address: 8523 SW 159 AVE  
City-St-Zip: MIAMI, FL 33193

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: SZMULEWICZ, ANDRES P  
Address: 6411 SW 35 ST  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVIO SZMULEWICZ

DPS

01/16/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date