2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2005
Secretary of State

DOCUMENT# S17429

Entity Name: TECHNO-MANAGEMENT, INC.

Current Principal Place of Business:

4108 LAGUNA STREET
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

4108 LAGUNA STREET
CORAL GABLES, FL 33146 US

New Mailing Address:

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

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

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 SZMULEWICZS DPS 01/03/2005

Electronic Signature of Signing Officer or Director Date