


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # S33122 1. Entity Name TECUN INTERNATIONAL CORPORATION	
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Principal Place of Business
**3399 NW 72ND AVE STE 209-A
MIAMI, FL 33122 US**

Mailing Address
**3399 NW 72ND AVE STE 209-A
MIAMI, FL 33122 US**



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0245951	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MIT PRODUCTS & SERVICE INC
12605 NW 7 STREET
MIAMI, FL 33182**

**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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

Dr TE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000297488
04/11/05-80032-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDS1
NAME	PENAGOS, MARIANO
STREET ADDRESS	8620 NW 3RD LANE, #6
CITY - ST - ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date

Daytime Phone #

MAE 30, 2005

308 597-5190