

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # S65647 1. Entity Name NEW TECH CIRCUIT BREAKER, INC.					
Principal Place of Business 3663 S.W. 8TH STREET THIRD FLOOR MIAMI, FL 33135			Mailing Address 3663 S.W. 8TH STREET THIRD FLOOR MIAMI, FL 33135		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 65-8035690	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01162004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent TORRES DE NAVARRA, CARLOS 700 S.W. 36TH AVENUE MIAMI, FL 33135			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 _____ Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reconstituting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VALLS, FLEIPE A 3663 S.W. 8TH STREET THIRD FLOOR MIAMI, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000135685 04/28/04-80068-018 150.00
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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: <u>Carlos Torres de Navarra</u> CARLOS TORRES DE NAVARRA 4/22/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					