2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE: SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # \$98704 1. Entity Name TEKNIK TRADING, INC.							Я	SECRET VISION O	FILEU ARY OF F CORF	F STAIL PORATION	
Principal Place of Business 1910 NW 97TH AVE MIAMI, FL 33172 US Mailing Address 1910 NW 97TH AVE MIAMI, FL 33172 US						 		(8) 83831 83811 81311	I BEBIE BIBIE BIR	! 	
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address .								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				08232006	Chg-P	CR2E03	34.(1.1/05)		
City & State		City & State				4. FEI Numbe 65-029				oplied For ot Applicable	
Zip	Country	Zip	Coun	try			of Status Desired	F	8.75 Add ee Require		
	6. Name and Address of Cur	Name	. 7. Name and Address of New Registered Agent Name								
MENDIVE, ARMANDO 250 CATALONIA AVE SUITE 705 CORAL GABLES, FL 33134					Street Address (P.O. Box Number is Not Acceptable)						
OUTOL OADELO, I E 30104				City	FL Zip Code					le	
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) DATE											
Amended AR is \$61.25 ———————————————————————————————————											
10.	OFFICERS /	AND DIRECTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
THTLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RINCON, LUIS A JR. 1910 NW 97TH AVE MIAMI, FL 33172	∑ Delete				71 09/1	00079 2/060108	7325 4027	□ Change □ 1	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate			1910				☐ Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				ARES, HO NW 97tl	OLLY ANA n AVE 3172		☐ Change	☆ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete			1910	CON, LUI: O NW 97th	n AVE		☐ Change	K J Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						٠	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E et address -st-zip					☐ Change	Addition	
indicated of the co	certify that the information supplied t on this report or supplemental reproporation or the receiver or trustee to or on an attachment with an addr	ort is true and accurate and that empowered to execute this repor	my signa t as requi	ture shall h	ave the s	same legal effec	t as if made under	r oath: that I ar	m an officer	r or director	

Aug 24-0 6