



2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F03000006052 1. Entity Name LEADCOM INTEGRATED SOLUTIONS USA, INC.						FILED 05 AUG 24 PM 1:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2645 EXECUTIVE PARK DRIVE WESTON, FL 33331			Mailing Address 2645 EXECUTIVE PARK DRIVE WESTON, FL 33331			 07272005 Chg-P CR2E034 (10/03)	
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 13-4162416				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156				7. Name and Address of New Registered Agent			
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PCEO DOTAN, URI 2645 EXECUTIVE PARK DR WESTON, FL 33331	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO, T. DOTAN URI 2645 EXECUTIVE PARK DR WESTON FL 33331			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SENTER, STEVEN 2645 EXECUTIVE PARK DRIVE WESTON, FL 33331	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SENTER, STEVEN 2645 EXECUTIVE PARK DRIVE WESTON, FL 33331	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900059018989 08/26/05--01042--018 **\$61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALCALAY, ARIK 25 EVERGREEN PLACE TENAFLY, NJ 07670	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHUSHAN, MOSHE 25 EVERGREEN PLACE TENAFLY, NJ 07670	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOTAN, URI 2645 EXECUTIVE PARK DR WESTON, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Dotan Uri</u> DOTAN URI 22-08-05							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							