


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000001870
 1. Entity Name
NEXTEL INTERNATIONAL (SERVICES), LTD., INC.



Principal Place of Business 10700 PARKRIDGE BLVD STE 600 RESTON, VA 20191	Mailing Address 10700 PARKRIDGE BLVD STE 600 RESTON, VA 20191
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 91-1726566	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GILKER, ROBERT J 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SILIEZAR, BYRON 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEMERT, LOVAN 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARRERAS, MERCEDES M 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHINDLER, STEVEN M 10700 PARKRIDGE BLVD RESTON, VA 20191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GURAIEB, RICARDO 10700 PARKRIDGE BLVD RESTON, VA 20191

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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: Mercedes M Barreras 01/21/04 703-390-7297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #