## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 06, 2004 8:00 am Secretary of State

DOUCOMMENT # F9900004201   DOTE-06-2004 901   NEXT TELECOMMUNICATION, INC.	2E034 (10/03)  Aprinted Agent  Agent	pplied For at Applicable ditional d
100 N BISCAYNE BLVD 2400 2400 MIAMI, FL 33132  2. Principal Pface of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  City  Country  City  City  Street Address of New Registered Agent  Name  FLE No Number is Not Acceptable)  Street Address of registered agent arms of registered	2E034 (10/03)  April Not  \$8.75 Addi Fee Required red Agent  VA  Zip Code am familiar with, a	Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Cuty & State  Country  Zip  Country  Size-2082250  Street Address of Status Desired  6. Name and Address of Current Registered Agent  HALPREN, DAVID  4164 INVERRARY DR #207  LAUDERHILL, FL 33319  8: The above named entity submits this statement for this purpose of changing its registered office or registered agent, or both, in the State of Florida. In the obligations of registered agent around it applicable.  Signature hybrid or annead name of registered agent around it applicable.  FILE NOW!!! FEE IS \$550.00  Due by September 8, 2004  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND SIREET ADDRESS  CITY-ST-ZIP  MIAMIE  Delete  ITILE  Delete  ITILE  Delete  TITLE  Delete  ITILE  Delete  ITILE  Delete  ITILE  Delete  ITILE  Delete  ITILE  SIREET ADDRESS  CITY-ST-ZIP  Delete  ITILE  Delete  ITILE  Delete  ITILE  SIREET ADDRESS  CITY-ST-ZIP  Delete  ITILE  Delete  ITILE  MAME  SIREET ADDRESS  CITY-ST-ZIP  Delete  SIREET ADDRESS  CITY-ST-ZIP  DELET ADDRESS  CITY-ST-ZIP  DELET ADDRESS  CITY-ST-ZIP  DELET ADDRESS  CITY-ST-ZIP  DELET ADDRESS  CITY-ST-ZIP  SIREET ADDRESS  CITY-ST-ZIP  DELET ADDRESS  CITY-ST-ZIP  SIREET ADDRESS  CITY	\$8.75 Addi Fee Required red Agent  VA  Zip Code am familiar with, a	Applicable
City & State  Country  Street Address of Status Desired  City  Street Address of New Register  Name  City  Street Address (P.O. Box Number is Not Acceptable)	\$8.75 Addi Fee Required red Agent  VA  Zip Code  am familiar with, a	Applicable
Signature   Special process	\$8.75 Addi Fee Required red Agent  VA  Zip Code 33 am familiar with, a	Applicable
6. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Register  8. The above named entity submits this statement for the Currents of Control of City  City  City  City  Signature. Spind or printed name of registered agent.  FILE NOW!!! FEE IS \$550.00  Due by September 8, 2004  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS  MAKE STREET ADDRESS MINAME  MEMOUN, ARIK  STREET ADDRESS MINAMI, FL 33160  FILE  MAME  Delete  TILE  MAME  NAME  Delete  TILE  NAME	\$8.75 Addi Fee Required red Agent  VA  Zip Code 3 am familiar with, a	Yos e
HALPREN, DAVID 4164 INVERRARY DR #207 LAUDERHILL, FL 33319  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. In the obligations of registered agent.  SIGNATURE  Sgranne, typed or printed name of registered agent and of it applicable. (NOTE: Registered Agent signature required when remistating)  PILE NOW!!! FEE IS \$550.00  Due by September 8, 2004  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND SIRECT ADDRESS CITY-ST-ZIP  MEIMOUN, ARIK  STREET ADDRESS CITY-ST-ZIP  MIAME  Delete  ITILE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  Delete  ITILE  NAME  ITILE  NAME  Delete  ITILE  NAME	VA  Zip Code am familiar with, a	400
HALPREN, DAVID 4164 INVERRARY DR #207 LAUDERHILL, FL 33319  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. In the obligations of registered agent.  9: GINATURE  Sgranue, typed or printed name of registered agent and of it applicable. (NOTE: Registered Agent signature required when reinstating)  Part of 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. In the obligations of registered agent.  9: GINATURE  Sgranue, typed or printed name of registered agent and of it applicable. (NOTE: Registered Agent signature required when reinstating)  Part of 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. In the Stat	O # 3 EL Zip Code am familiar with, a	-6
SIGNATURE  Signature, typed or printed name of registered agent and ref. if applicable.  FILE NOW!!! FEE IS \$550.00  Due by September 8, 2004  10. OFFICERS AND DIRECTORS  IT. ADDITIONS/CHANGES TO OFFICERS AND MAME  NAME  MEIMOUN, ARIK  STREET ADDRESS CITY-ST-ZIP  MILE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  Delete  TITLE  NAME  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  Delete  TITLE  NAME  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME	o <b>y</b>	3.
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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 indicated on this report or supplemental report is the and accurate and that my signature shall have the same legal effect as if made under oath; the of the corporation or the repelver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appear changed, or on an attachment with as address, with all other like empowered.  SIGNATURE:    SIGNATURE:	r certify that the in	nformation or director r Block 11 if

Affachment 44047031



## NEXT COMMUNICATION INC. 100 NORTH BISCAYNE BLVD. MIAMI, FLORIDA 33132

June 28, 2004

Florida Dept. of State Division of Corporations PO Box 1500 Tallahassee, Florida 32302

Re: F99000004261

Dear Sir or Madam:

Enclosed please find the annual renewal form for the above company. I ask that you please wave the penalty because we never received the first notice to renew the company. The penalty will create hardship for me. Thank you.

Sincerely,

Arik Meimonn