

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070371

FILED
Apr 26, 2007
Secretary of State

Entity Name: TELNET SOLUTIONS GROUP, INC.

Current Principal Place of Business:

6187 NW 167 STREET
H-27
MIAMI, FL 33015

New Principal Place of Business:

3809 NW 125TH ST
MIAMI, FL 33054

Current Mailing Address:

6187 NW 167 STREET
H-27
MIAMI, FL 33015

New Mailing Address:

3809 NW 125TH ST
MIAMI, FL 33054

FEI Number: 03-0464735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBAYNA, ROBERT
231 NW 190TH AVENUE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBAYNA, ROBERT
Address: 231 NW 190TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ST () Delete
Name: ROBAYNA, YVETTE
Address: 231 NW 190TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ROBAYNA

PD

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date