2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134452

Entity Name: TELEXPRESS FAX, INC.

Current Principal Place of Business:

FILED Apr 27, 2005 Secretary of State

215 N. WABASH AVE. LAKELAND, FL 33815 **Current Mailing Address: New Mailing Address:** 215 N. WABASH AVE LAKELAND, FL 33815 FEI Number: 04-3734757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: OSORIO, JAIRO 215 N. WABASH AVE.

US

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:

LAKELAND, FL 33815

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete OSORIO, JAIRO Name: 1493 LAKE AZURE DR. Address: City-St-Zip: ORLANDO, FL 32824

Title: VD () Delete

Name: GOMEZ, LUIS A

6608 CAMDEN BAY DR. #207 Address:

TAMPA, FL 33635 City-St-Zip:

Title: (X) Change () Addition

Name and Address of New Registered Agent:

OSORIO, CESAR Name: 215 N. WABASH AVE Address: City-St-Zip: LAKELAND, FL 33815

New Principal Place of Business:

Title: VΡ (X) Change () Addition

Name: OSORIO, JAIRO Address: 1493 LAKE AZURE DR ORLANDO, FL 32824 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

VΡ SIGNATURE: JAIRO OSORIO 04/27/2005