


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90020 012 \*\*\*150.00

**DOCUMENT # P03000055188**

1. Entity Name  
**ABP TELECOMMUNICATIONS, INC.**



Principal Place of Business      Mailing Address

**3128 W 69TH PLACE**      **3128 W 69TH PLACE**  
**HIALEAH, FL 33018**      **HIALEAH, FL 33018**

**66405530**



2. Principal Place of Business      3. Mailing Address

**9813 West Okeechobee**      **9813 West Okeechobee**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Road, # 211**      **Road, # 211**

02032004      Chg-P      CR2E034 (10/03)

City & State      City & State

**Hialeah, Florida**      **Hialeah, Florida**

Zip      Country      Zip      Country

**33016**      **USA**      **33016**      **USA**

4. FEI Number      Applied For

**72-1564580**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GOMEZ, ALEXANDER**  
**3128 W 69TH PLACE**  
**HIALEAH, FL 33018**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_      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            **\$5.00** May Be Added to Fees

Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

| TITLE | NAME                | STREET ADDRESS       | CITY-ST-ZIP       | <input type="checkbox"/> Delete |
|-------|---------------------|----------------------|-------------------|---------------------------------|
| DP    | GOMEZ, ALEXANDER    | 13916 SW 177TH ST    | MIAMI, FL 33177   | <input type="checkbox"/>        |
| DV    | GOMEZ, PAVEL A      | 3128 W 69TH PLACE    | HIALEAH, FL 33018 | <input type="checkbox"/>        |
| DT    | VALDES, ALEXANDER B | 6055 W FLAGLER ST #2 | MIAMI, FL 33144   | <input type="checkbox"/>        |
|       |                     |                      |                   | <input type="checkbox"/>        |
|       |                     |                      |                   | <input type="checkbox"/>        |
|       |                     |                      |                   | <input type="checkbox"/>        |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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:** *Alexander B. Valdes*      **02-13-04**      **786-456 0216**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*Attachment*

*6104105530*  
*#P03000058188*  
**ABP TELECOMMUNICATIONS, INC.**

**9813 West Okeechobee Road # 211**

**Hialeah, FL 33016**

*Division of Corporations*

*P. O. Box 1500*

*Tallahassee, FL 32302-1500*

*Att. Annual Reports Section.*

*I am sending again our annual report/uniform business 2004 with the number of federal employer identification number (72-1564580). Please file our corporation for the corresponding year.*

*Thanks in advance.*

  
*Pavel Gomez*  
*Vicepresident*