


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90118 015 ***150.00

DOCUMENT # P03000098619

1. Entity Name
TAC-CELL COMMUNICATIONS SOURCE CORPORATION



Principal Place of Business Mailing Address

275 NE 18TH ST 275 NE 18TH ST
 #1008 #1008
 MIAMI, FL 33132 MIAMI, FL 33132

00016016



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

255 EAST FLAGLER ST

Suite, Apt. #, etc. Suite, Apt. #, etc.

?? *SAME*

01312007 Chg-P CR2E034 (12/06)

City & State City & State

MIAMI FL *SAME*

4. FEI Number Applied For

20-0214379 Not Applicable

Zip Country Zip Country

33131 *FL DADR*

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COELHO, ROGERIO M 275 NE 18TH ST #1008 MIAMI, FL 33132	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COELHO, ROGERIO M	NAME	
STREET ADDRESS	275 NE 18TH ST, #1008	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33132	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <i>MANAGER</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>ALAMO ROCHA</i>
STREET ADDRESS		STREET ADDRESS	<i>915 NW 1st AVE # 4-810</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>MIAMI, FL 33136</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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: *Rogerio M. Coelho* *01/31/07*

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