


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED  
 47. Jun 13, 2008 8:00 am  
 Secretary of State

04-21-2008 90075 012 \*\*\*150.00

<b>DOCUMENT # P03000098619</b>					
1. Entity Name TAC-CELL COMMUNICATIONS SOURCE CORPORATION					
Principal Place of Business 1000 WEST AVE. #326 MIAMI BEACH, FL 33139			Mailing Address 1000 WEST AVE. #326 MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0214379	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COELHO, ROGERIO M 275 NE 18TH ST #1008 MIAMI, FL 33132			7. Name and Address of New Registered Agent Name: <b>MARILIA MAGALHAES</b> Street Address (P.O. Box Number is Not Acceptable): <b>1000 WEST AVE APT 326</b> City: <b>MIAMI BEACH</b> FL <b>33139</b>		
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: <i>Marilia Magalhães</i> DATE: <b>04/17/2008</b> <small>Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature is required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COELHO, ROGERIO M		NAME		
STREET ADDRESS	1000 WEST AVE. #326		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALAMO, ROCHA		NAME		
STREET ADDRESS	915 NW 1ST AVE SUITE H812		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33136		CITY-ST-ZIP		
TITLE	<b>MARILIA MAGALHAES</b>	<input type="checkbox"/> Delete	TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARILIA MAGALHAES</b>		NAME	<b>MARILIA MAGALHAES</b>	
STREET ADDRESS	<b>1000 WEST AVE APT 326</b>		STREET ADDRESS	<b>1000 WEST AVE APT 326</b>	
CITY-ST-ZIP	<b>MIA</b>		CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	
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 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: <i>Marilia Magalhães</i>		DATE: <b>4/17/2008</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>		<small>Date</small>			

66014159



04172008 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable