## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 686773** 

FILED Apr 27, 2007 Secretary of State

Entity Name: TELECOM ENGINEERING CONSULTANTS, INC.

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Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
8880 N.W. MIAMI, FL	15TH STREET 331723028				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
8880 N.W. MIAMI, FL	15TH STREET 331723028				
FEI Number:	59-2030158	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent					
SELLATI, VALENTINE SR 8880 N.W. 15TH STREET MIAMI, FL 331723028 US			11938 ACORN DR.		
The above in the State		ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				04/27/2007	
	Electroni	c Signature of Registered Age	ent	Date	
Election Cam	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CDP () SELLATI, VALEN 11938 ACORN E DAVIE, FL 3333	PR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DVS () SELLATI, VALEN 2025 FLEMING CASSELBERRY	ARROW COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DVT () DUARTE, NICOL 1600 S.W. 55 AV PLANTATION, FI	/E	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V (X) LOPEZ, JOSE A 2701 RED ROAL CORAL GABLES	)	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: VALENTIN SELLATI SR. CDP 04/27/2007