

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90076 044 ***150.00

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1. Entity Name
TELEPHONICS WIRELESS CORP.



Principal Place of Business
**815 BROAD HOLLOW ROAD
FARMINGDALE, NY 11735**

Mailing Address
**815 BROAD HOLLOW ROAD
FARMINGDALE, NY 11735**

50021301



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number
11-3569854

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
BATTAGLIA, JOSEPH
815 BROAD HOLLOW ROAD
FARMINGDALE, NY 11735**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PASTOR, DONALD
815 BROAD HOLLOW ROAD
FARMINGDALE, NY 11735**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KRAMER, EDWARD I
100 JERICHO QUADRANGLE, SUITE 225
JERICHO, NY 11753**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BALEMIAN, ROBERT
100 JERICHO QUADRANGLE, SUITE 225
JERICHO, NY 11753**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD PASTOR

2-15-05

Date

631-755-7213

Daytime Phone #