


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000003442**  
 1. Entity Name  
**TRAFFIC TELECOM, INC.**



Principal Place of Business      Mailing Address  
**691 N.E. 29TH PLACE**      **691 N.E. 29TH PLACE**  
**BOCA RATON FL 33431**      **BOCA RATON FL 33431**

2. Principal Place of Business\_      3. Mailing Address  
 Suite, Apt #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)

6. Name and Address of Current Registered Agent  
**FERK, LAWRENCE D**  
**691 N.E. 29TH PLACE**  
**BOCA RATON FL 33431**

4. FEI Number      Applied For  
**91-2133065**      Not Applicable

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE DPS <input type="checkbox"/> Delete	NAME FERK, LAWRENCE D
STREET ADDRESS 691 N.E. 29TH PLACE	CITY - ST - ZIP BOCA RATON FL 33431
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY - ST - ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY - ST - ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY - ST - ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY - ST - ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	U000000217090
STREET ADDRESS CITY - ST - ZIP	02/07/05-80011-016 150.00
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY - ST - ZIP
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY - ST - ZIP
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY - ST - ZIP
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY - ST - ZIP

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:  **LAWRENCE D. FERK**      02-03-05      561 394-3856  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #