


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

07-17-2006 90139 021 ***550.00

DOCUMENT # F05000000284

1. Entity Name
H.I.G TELCO SERVICES, INC.



Principal Place of Business
**C/O H.I.G. CAPITAL
 1001 BRICKELL BAY DRIVE 27TH FL
 MIAMI, FL 33131**

Mailing Address
**C/O H.I.G. CAPITAL
 1001 BRICKELL BAY DRIVE 27TH FL
 MIAMI, FL 33131**

66044000



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

07032006 Chg-P CR2E034 (11/05)

4. FEI Number **98-0481788** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**MIAMI CENTER REGISTERED AGENT, LLC
 201 S. BISCAYNE BOULEVARD STE 1700
 MIAMI, FL 33137**

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

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	CS MNAYMNEH, SAMI 1001 BRICKELL BAY DR 27TH FL MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP TAMER, TONY 1001 BRICKELL BAY DR 27TH FL MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* DATE: 7/11/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR