


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90061 029 \*\*\*150.00

<b>DOCUMENT # F19468</b>		
1. Entity Name <b>TELESYSTEMS MANAGEMENT CORP.</b>		

Principal Place of Business <b>3170 N. FEDERAL HWY. 105 LIGHT HOUSE, FL 33064 US</b>	Mailing Address <b>3170 N. FEDERAL HWY. 105 LIGHT HOUSE, FL 33064 US</b>
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2. Principal Place of Business <b>231 Goolsby Blvd.</b>	3. Mailing Address <b>231 Goolsby Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Deerfield Beach FL</b>	City & State <b>Deerfield Beach FL</b>
Zip <b>33442</b>	Country <b>US</b>
Zip <b>33442</b>	Country <b>US</b>



04072005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2080110</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>THOMAS V. SICILIANO 980 N. FEDERAL HIGHWAY SUITE 440 BOCA RATON, FL 33432</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b> 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 <b>Thomas V. Siciliano</b>	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RTD LIEBERMAN, FRED 944 CLINT MOORE RD BOCA RATON, FL 33487</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD Lieberman, Fred 231 Goolsby Blvd. Deerfield Beach FL 33442</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD MALIK, PAMELA 944 CLINT MOORE RD BOCA RATON, FL 33487</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD Malik, Pamela 231 Goolsby Blvd. Deerfield Beach FL 33442</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Pamela Malik** 04-08-05