


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 19, 2007 8:00 am**  
**Secretary of State**

06-19-2007 90001 048 \*\*\*150.00

<b>DOCUMENT # F19468</b>			
1. Entity Name <b>TELESYSTEMS MANAGEMENT CORP.</b>			
Principal Place of Business <b>231 GOOLSBY BLVD DEERFIELD BEACH, FL 33442 US</b>		Mailing Address <b>231 GOOLSBY BLVD DEERFIELD BEACH, FL 33442 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1405 Addison Ave.</b>		3. Mailing Address <b>PO Box 272208</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Boca Raton FL</b>		City & State <b>Boca Raton FL</b>	
Zip <b>33484</b>	Country <b>USA</b>	Zip <b>33427</b>	Country <b>USA</b>
8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD LIEBERMAN, FRED 237 GOOLSBY BLVD DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD Fred Lieberman 1405 Addison Ave Boca Raton FL 334810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MALIK, PAMELA 231 GOOLSBY BLVD DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD Pamela J malik 105 Oregon Lark Boca Raton FL 33487 <input checked="" 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
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
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
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

40121103



05092007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2080110**

Applied For  
☐ Not Applicable

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