


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr-24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000004485**  
1. Entity Name  
**BARAN TELECOM, INC.**



Principal Place of Business  
**2355 INDUSTRIAL PARK BLVD  
CUMMING, GA 30041**

Mailing Address  
**2355 INDUSTRIAL PARK BLVD  
CUMMING, GA 30041**



04172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-1953736</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRUCHTEN, ROSS 10430 RODGERS RD. HOUSTON, TX 77070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BUKSHPAN, RAN 2355 INDUSTRIAL PARK BLVD. CUMMING, GA 30041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCF RAVIV, RON 2355 INDUSTRIAL PARK BLVD. CUMMING, GA 30041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRACHA, SAAR 2355 INDUSTRIAL PARK BLVD. CUMMING, GA 30041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000528849  
05/05/06-80050-019 150.00

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:** \_\_\_\_\_ **04/17/06** **678-455-1158**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #