

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000252

FILED
Apr 27, 2006
Secretary of State

Entity Name: IMPSAT USA, INC.

Current Principal Place of Business:

2040 N DIXIE HWY
WILTON MANORS, FL 33305

New Principal Place of Business:

Current Mailing Address:

2040 N DIXIE HWY
WILTON MANORS, FL 33305

New Mailing Address:

FEI Number: 65-0600569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAVELO, JOHANNA
2040 NORTH DIXIE HWY
WILTON MANORS, FL 33305 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALONSO, HECTOR
Address: 2040 N DIXIE HWY
City-St-Zip: WILTON MANORS, FL 33305

Title: P () Delete
Name: CEBALLOS, MAURICIO
Address: 2040 NORTH DIXIE HWY
City-St-Zip: WILTON MANORS, FL 33305

Title: S () Delete
Name: RAVELO, JOHANNA
Address: 2040 NORTH DIXIE HWY.
City-St-Zip: WILTON MANORS, FL 33305

Title: T () Delete
Name: TORRES, JOSE
Address: 2040 N DIXIE HWY
City-St-Zip: WILTON MANORS, FL 33305

Title: D () Delete
Name: VERDAGUER, RICARDO
Address: 2040 N DIXIE HWY
City-St-Zip: WILTON MANORS, FL 33305

Title: D () Delete
Name: TORRE GOMEZ, MARIANO
Address: 2040 N DIXIE HWY
City-St-Zip: WILTON MANORS, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TORRES, JOSE
Address: 2040 N DIXIE HWY
City-St-Zip: WILTON MANORS, FL 33305

Title: T (X) Change () Addition
Name: RAMOS, FERNANDO G
Address: 2040 N DIXIE HWY
City-St-Zip: WILTON MANORS, FL 33305

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO RAMOS

_____ Electronic Signature of Signing Officer or Director

T

04/27/2006

_____ Date