


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 24, 2004 8:00 am**  
**Secretary of State**

06-24-2004 90078 022 \*\*\*150.00

<b>DOCUMENT # F97000004678</b>	
1. Entity Name <b>TRICOM USA, INC.</b>	

Principal Place of Business <b>1 EXCHANGE PLACE SUITE 400 JERSEY CITY, NJ 07302 US</b>	Mailing Address <b>1 EXCHANGE PLACE SUITE 400 JERSEY CITY, NJ 07302 US</b>
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**54058629**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06092004 Chg-P CR2E034 (10/03)

4. FEI Number <b>13-3927530</b>		Applied For <input type="checkbox"/> 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 <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** 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	<b>P PELLERANO, MANUEL A ONE EXCHANGE PL STE 400 JERSEY CITY, NJ 07302</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CARLSON, CARL H ONE EXCHANGE PL STE 400 JERSEY CITY, NJ 07302</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CARLSON, CARL ONE EXCHANGE PL STE 400 JERSEY CITY, NJ 07302</b> <input checked="" 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	<b>S TRANCOSO MEJIA, MARCOS J ONE EXCHANGE PL STE 400 JERSEY CITY, NJ 07302</b> <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	<b>CFO TARRAGO, RAMON ONE EXCHANGE PL STE 400 JERSEY CITY, NJ 07302</b> <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	<b>V TARRAGO, RAMON ONE EXCHANGE PL STE 400 JERSEY CITY, NJ 07302</b> <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	<b>2VIB SZABO, BELA ONE EXCHANGE PLACE STE. 400 JERSEY CITY, NJ 07302</b> <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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*JUN 15, 2004*

**(201) 324-0078**



Attachment 5405-8629

#F 97000004678

VIA AIRMAIL

State of Florida  
Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

June 11, 2004

**Re: 2004 State of Florida For Profit Corporation Annual Report**

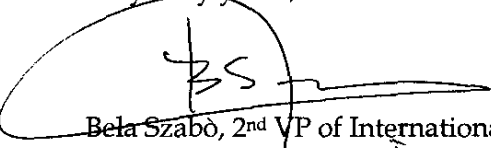
Dear Sir or Madam:

Enclosed please find the **2004 State of Florida For Profit Corporation Annual Report** for TRICOM USA, Inc. Also, a check of \$150.00 is enclosed for the foreign stock corporation tax due along with the filing.

Please acknowledge receipt of the filing by faxing a date-stamped and/or signed copy of this transmittal letter at (626) 397-4908

If there are any questions in regards to this filing, please do not hesitate to contact Mr. Ivan Sotomayor at (626) 397-4900. We greatly appreciate your courtesy and attention with respect to the subject matter.

Very truly yours,

  
Bela Szabo, 2nd VP of International Business  
TRICOM USA, Inc.

JUN 15, 2004

Received by: \_\_\_\_\_

Date: \_\_\_\_\_