


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90033 015 ***150.00

DOCUMENT # F97000004678	
1. Entity Name TRICOM USA, INC.	

Principal Place of Business 1 EXCHANGE PLACE SUITE 400 JERSEY CITY, NJ 07302 US	Mailing Address 1 EXCHANGE PLACE SUITE 400 JERSEY CITY, NJ 07302 US
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50009286



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

01202005 Chg-P CR2E034 (10/03)

4. FEI Number 13-3927530	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLSON, CARL H ONE EXCHANGE PL STE 400 JERSEY CITY, NJ 07302 <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	S TRANCOSO MEJIA, MARCOS J ONE EXCHANGE PL STE 400 JERSEY CITY, NJ 07302 <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	CFO TARRAGO, RAMON ONE EXCHANGE PL STE 400 JERSEY CITY, NJ 07302 <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	V TARRAGO, RAMON ONE EXCHANGE PL STE 400 JERSEY CITY, NJ 07302 <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	2VIB SZABO, BELA ONE EXCHANGE PLACE STE. 400 JERSEY CITY, NJ 07302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V SZABO BELA ONE EXCHANGE PLACE STE 400 JERSEY CITY, NJ 07302 <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

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: Bela Szabo, 1st VP of Int'l Business (201)324-0078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



VIA AIRMAIL

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

January 20, 2005

Re: 2005 State of Florida For Profit Corporation Annual Report

Dear Sir or Madam:

Enclosed please find the **2005 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 Szabò, 1st VP of International Business
TRICOM USA, Inc.

Received by: _____

Date: _____