


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000001870 1. Entity Name NEXTEL INTERNATIONAL (SERVICES), LTD., INC.	
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Principal Place of Business 10700 PARKRIDGE BLVD STE 600 RESTON, VA 20191	Mailing Address 10700 PARKRIDGE BLVD STE 600 RESTON, VA 20191
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05242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-1726566	Applied For 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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	U00000567042 06/12/06-80006-018 150.00 <small>DATE</small>
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD GILKER, ROBERT J 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTD SILIEZAR, BYRON 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V GEMERT, LO VAN 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SHINDLER, STEVEN M 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS GURAIEB, RICARDO 10700 PARKRIDGE BLVD RESTON, VA 20191
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Robert J. Gilker <small>Date</small>	5/24/06 703-547-5282 <small>Daytime Phone #</small>
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