2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000003798

1. Entity Name
COMSCAPE TELECOMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
1926 10TH AVE. N., STE. 305 WEST PALM BEACH, FL 33461-3310	1926 10TH AVE. N., STE. 305 WEST PALM BEACH, FL 33461-3310

DO NOT WRITE IN THIS SPACE

04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
31-1470037
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, GHANSHYAM C
1926 10TH AVE. N., STE. 305
WEST PALM BEACH, FL 33461-3310

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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 _____ DATE
Signature, typed or printed name of registered agent and the date. (NOTE: Registered agent signature required when changed.)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	PATEL, GHANSHYAM C
STREET ADDRESS	1926 10TH AVE. N., STE. 305
CITY ST ZIP	WEST PALM BEACH, FL 334613310
TITLE	DSV
NAME	MODI, BHOGILAL
STREET ADDRESS	1926 10TH AVENUE NORTH SUITE 305
CITY ST ZIP	WEST PALM BEACH, FL 334613310
TITLE	DV
NAME	PATEL, RAMAN
STREET ADDRESS	1926 10TH AVENUE NORTH SUITE 305
CITY ST ZIP	LAKE WORTH, FL 334613310
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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05/10/06-80071-016 150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #