

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000003798

1. Entity Name
COMSCAPE TELECOMMUNICATIONS, INC.



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

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



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

11000000817606
02/15/08-80010-001 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
PCEO
PATEL, GHANSHYAM C
STREET ADDRESS
1926 10TH AVE. N., STE. 305
CITY-ST-ZIP
WEST PALM BEACH, FL 334613310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

1-7-2008 561-540-4760

Date

Daytime Phone #