


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # G15012 1. Entity Name INTER-CARIBBEAN TELESHP CORP.	
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Principal Place of Business 1579 LOUIS KOSSUTH AVE BOHEMIA, NY 11716 US	Mailing Address 4435 OLD WINTER GARDEN ROAD ORLANDO, FL 32802 US
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02012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2291533	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent XL CORPORATE SERVICES, INC. 4435 OLD WINTER GARDEN ROAD ORLANDO, FL 32802
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SERRAO, MARIO 1579 LOUIS KOSSUTH AVE BOHEMIA, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SERRAO, JOAN 1579 LOUIS KOSSUTH AVE BOHEMIA, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SERRAO, STANLEY 1579 LOUIS KSOOUT AVE BOHEMIA, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERRAO, SHELDON 1579 LOUIS KSOOUT AVE BOHEMIA, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000076351
03/04/04-80025-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: _____

JOAN SERRAO

3/1/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #