

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023742

FILED
May 12, 2004
Secretary of State

Entity Name: EUROCOM TELECOMMUNICATIONS, LLC

Current Principal Place of Business:

2999 NE 191 STREET SUITE 704
AVENTURA, FL 33180

New Principal Place of Business:

2997 MCFARLANE RD
SUITE 302
MIAMI, FL 33133

Current Mailing Address:

2997 MCFARLANE RD.
SUITE 302
MIAMI, FL 33133

New Mailing Address:

3109 GRAND AVE
SUITE 490
MIAMI, FL 33133

FEI Number: 82-0565625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERSTEIN, BARRY D ESQ.
2999 NE 191 STREET SUITE 704
AVENTURA, FL 33180

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: D () Delete
Name: PEREZ-BUCCI, EDUARDO
Address: 2999 NE 191 STREET SUITE 704
City-St-Zip: AVENTURA, FL 33180

Title: V () Delete
Name: GORLOVEZKY, HARRY
Address: 2999 NE 191 ST. #604
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PEREZ-BUCCI, EDUARDO
Address: 2999 NE 191 STREET SUITE 704
City-St-Zip: AVENTURA, FL 33180

Title: MGR (X) Change () Addition
Name: GORLOVEZKY, HARRY
Address: 2999 NE 191 ST. #604
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EDUARDO PEREZ BUCCI

MGR

05/12/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date