

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030406

FILED  
Jul 21, 2004  
Secretary of State

Entity Name: MENDQUEST TELECOM, LLC

**Current Principal Place of Business:**

2632 HOLLYWOOD BLVD, STE 204  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2632 HOLLYWOOD BLVD, STE 204  
HOLLYWOOD, FL 33020

**New Mailing Address:**

FEI Number: 51-0479947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OSPINA, JULIAN A  
5621 COOLIDGE ST  
HOLLYWOOD, FL 33020 US

**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: PTE ( ) Delete  
Name: OSPINA, JULIAN A  
Address: 5621 COOLIDGE ST  
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP ( ) Delete  
Name: CASTILLO, MARIA C  
Address: 5621 COOLIDGE ST  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: OSPINA, JULIAN A  
Address: 5621 COOLIDGE ST  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM (X) Change ( ) Addition  
Name: CASTILLO, MARIA C  
Address: 5621 COOLIDGE ST  
City-St-Zip: HOLLYWOOD, FL 33020

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: JULIAN OSPINA

MGRM

07/21/2004

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