

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90039 008 ****50.00

14002343



04192005 Chg-LLC CR2E083 (10/03)

4. FEI Number **76-0532710** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L04000089732

1. Entity Name
TELMEX USA, L.L.C.



Principal Place of Business
**3350 SW 148TH AVENUE, STE. 1132
MIRAMAR, FL 33027**

Mailing Address
**3350 SW 148TH AVENUE, STE. 1132
MIRAMAR, FL 33027**

2. Principal Place of Business
3350 SW 148 Ave
Suite, Apt. #, etc.
#132
City & State
Miramar
Zip
33027 Country

3. Mailing Address
3350 SW 148th Ave
Suite, Apt. #, etc.
#132
City & State
Miramar
Zip
33027 Country

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TELMEX INTERNATIONAL VENTURES USA, INC. 1105 N. MARKET ST. #1300 WILMINGTON, DE 19801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TELMEX INTERNATIONAL, INC. 1105 N. MARKET ST. #1300 WILMINGTON, DE 19801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Jan Dando* 4/21/05 954.517.7302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #