

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 PM 12:47

DOCUMENT # L15751

1. Entity Name
DAYCO TELECOM OF FLA., INC.



Principal Place of Business

848 BRICKELL AVENUE
SUITE 810
MIAMI, FL 33131

Mailing Address

848 BRICKELL AVENUE
SUITE 810
MIAMI, FL 33131



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0143713

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORSON, MATTHEW B
1221 BRICKELL AVENUE
24TH FLOOR
MIAMI, FL 33131

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	D'AGOSTINO, FRANCO
STREET ADDRESS	848 BRICKELL AVE. STE 810
CITY- ST- ZIP	MIAMI, FL
TITLE	VT
NAME	D'AGOSTINO, LUIS ALBERTO
STREET ADDRESS	848 BRICKELL AVE. SUITE 810
CITY- ST- ZIP	MIAMI, FL 33131
TITLE	AS
NAME	LISS, RICHARD
STREET ADDRESS	848 BRICKWELL AVE
CITY- ST- ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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**DO NOT WRITE
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

Date

Daytime Phone #

4/21/06 305 3778333

4/24/06