## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 20, 2006 08:00 AM DOCUMENT # M80392 **Secretary of State** TELECOM BUILDING CORPORATION Principal Place of Business Mailing Address 1111 BRICKELL AVENUE 1111 BRICKELL AVENUE STE 2050 **STE 2050** MIAMI, FL 33131 US MIAMI, FL 33131 03062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0051458 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FROST, IRWIN M. DO NOT WRITE 1111 BRICKELL AVENUE STE 2050 IN THIS SPACE MIAMI, FL 33131 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 Squature, typed or printed name of registered agent and title 4 applicable. 37AO 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 U000000475019 Trust Fund Contribution. Added to Fees 04/04/05-80047-012 150.00 10. OFFICERS AND DIRECTORS TITLE WIGGINS, BURRELL M. HAME 2633 SPANISH RIVER RD STREET ADDRESS BOCA RATON, FL CITY-ST-ZIP TITLE n WIGGINS, B. MICHAEL NAME STREET ADDRESS 5190 LETTNER DR E CORAL SPRINGS, FL CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-DP IN THIS SPACE 7IT) F STREET ADDRESS CITY-57-ZP

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 TYPEU OR PROVIDED NAME OF PROPER OF DIRECTOR

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3-8-06 5W-367-825

**FILED**