



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000116265			
1. Entity Name PUMA TELECOMMUNICATIONS OF SOUTH FLORIDA, INC.			
Principal Place of Business 2010 NE 31ST ST LIGHTHOUSE POINT, FL 33064	Mailing Address 2010 NE 31ST ST LIGHTHOUSE POINT, FL 33064		
DO NOT WRITE IN THIS SPACE			
		 07122004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-1055905	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIBELER, EDWARD N 5340 N. FEDERAL HWY., SUITE 105 LIGHTHOUSE POINT, FL 33064		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		<div>0000001166197</div> <div>07/14/04-80006-021 150.00</div> <div style="font-size:2em; margin-top:20px;">DO NOT WRITE IN THIS SPACE</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIBELER, EDWARD N 2010 NE 31ST ST. LIGHTHOUSE POINT, FL 33064		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7/12/04 954 478 0461 <small>Date Daytime Phone #</small>	