

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005155

FILED
Jan 26, 2007
Secretary of State

Entity Name: BROADBAND CONSULTING SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 450141
SUNRISE, FL 33345

New Principal Place of Business:

3225 N HIATUS RD
BOX 450141
SUNRISE, FL 33345

Current Mailing Address:

P.O. BOX 450141
SUNRISE, FL 33345

New Mailing Address:

FEI Number: 65-7265891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAELI, MONIKA P
P.O. BOX 450141
SUNRISE, FL 33345 US

Name and Address of New Registered Agent:

MICHAELI, MONIKA P
3225 N HIATUS RD
BOX 450141
SUNRISE, FL 33345 US

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:

01/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: MICHAELI, MONIKA P
Address: P.O. BOX 450141
City-St-Zip: SUNRISE, FL 33345

Title: VS () Delete
Name: MICHAELI, EREZ
Address: P.O. BOX 450141
City-St-Zip: SUNRISE, FL 33345

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONIKA MICHAELI

PT

01/26/2007

Electronic Signature of Signing Officer or Director

Date