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**Feb 22, 2007 8:00 am**  
**Secretary of State**


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4. FEI Number 65-1104171	Applied For
	Not Applicable

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

<p><b>DOCUMENT # P01000036205</b></p> <p>1. Entity Name  <b>COMMUNICATIONS SUPPORT &amp; SOLUTIONS USA, INC.</b></p>	
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Principal Place of Business	Mailing Address
499 E PALMETTO PARK ROAD 207 BOCA RATON, FL 33432-5080 US	2251 NOVA VILLAGE DRIVE DAVIE, FL 33317-7032 US

2. Principal Place of Business - No P.O. Box # 55 N.E. 5th Avenue	3. Mailing Address
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Suite, Apt. #, etc. Suite 501	Suite, Apt. #, etc.
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City & State Boca Raton, FL	City & State
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Zip	33432-5500	Country	U.S.A.	Zip		Country	
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6. Name and Address of Current Registered Agent	
FONTAN, HECTOR A 2251 NOVA VILLAGE DRIVE DAVIE, FL 33317-7032	Name
	Street Address
	City

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  01/16/07  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2007 Fee will be \$550.00</b></p>	<p><b>9. Election Campaign Financing</b>          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be          Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PD</b> <b>FONTAN, HECTOR A</b> <b>2251 NOVA VILLAGE DRIVE</b> <b>DAVIE, FL 333177032</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 01/16/07 Daytime Phone # 954-274-5752