

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061752

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: TELET TOUCH INNOVATIONS CORP.

## Current Principal Place of Business:

7845 NORTHWEST 148TH STREET  
MIAMI LAKES, FL 33015

## New Principal Place of Business:

6504 NW 186TH STREET  
MIAMI LAKES, FL 33015

## Current Mailing Address:

7845 NORTHWEST 148TH STREET  
MIAMI LAKES, FL 33015

## New Mailing Address:

6504 NW 186TH STREET  
MIAMI LAKES, FL 33015

FEI Number: 65-1114095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: SIDDIQ, MOHAMMED A  
Address: 7845 NORTHWEST 148TH STREET  
City-St-Zip: MIAMI LAKES, FL 33015

Title: T ( ) Delete  
Name: SIDDIQ, MOHAMMED AMIN  
Address: 7845 NORTHWEST 148TH STREET  
City-St-Zip: MIAMI LAKES, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: SIDDIQ, MOHAMMED A  
Address: 6504 NW 186TH STREET  
City-St-Zip: MIAMI LAKES, FL 33015

Title: T (X) Change ( ) Addition  
Name: SIDDIQ, MOHAMMED AMIN  
Address: 6504 NW 186TH STREET  
City-St-Zip: MIAMI LAKES, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAS

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date