

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90204 002 ***150.00

DOCUMENT # P01000085478

1. Entity Name
TEAMCALL COMMUNICATIONS, INC.



Principal Place of Business
**444 LAKEVIEW DRIVE, #4
WESTON, FL 33326**

Mailing Address
**P.O. BOX 267541
WESTON, FL 33326**

24074750



2. Principal Place of Business

3. Mailing Address

1323 SABAL TRAIL

Suite, Apt. #, etc.

WESTON

P.O. BOX 267541

City & State
FLORIDA

City & State
WESTON FLORIDA

04222004

Chg-P

CR2E034 (10/03)

4. FEI Number
38-3658157

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33326

Country
USA

Zip
33326

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUEDA, LUIS F
444 LAKEVIEW DRIVE, #4
WESTON, FL 33326**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/05/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
RUEDA, LUIS F
444 LAKEVIEW DRIVE, #4
WESTON, FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUEDA, MARIA A
444 LAKEVIEW DRIVE, #4
WESTON, FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUEDA, MARIA J
444 LAKEVIEW DRIVE, #4
WESTON, FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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

05/05/04 954 3893548

Date

Daytime Phone #