

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094044

Entity Name: NUMICOM CORP.

FILED
Mar 31, 2004
Secretary of State

Current Principal Place of Business:

6527 SW 116 PLACE
SUITE G
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

6527 SW 116 PLACE
SUITE G
MIAMI, FL 33173

New Mailing Address:

FEI Number: 65-1138717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, HERNANDO
6527 SW 116 PLACE
SUITE G
MIAMI, FL 33173

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: PD () Delete
Name: RODRIGUEZ, HERNANDO
Address: 6527 SW 116 PLACE, STE G
City-St-Zip: MIAMI, FL 33173

Title: VSD () Delete
Name: BARRIGA, THELYA F
Address: 6527 SW 116 PLACE, STE G
City-St-Zip: MIAMI, FL 33173

Title: TD () Delete
Name: RODRIGUEZ, PAULO
Address: 6527 SW 116 PLACE, STE G
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REINA, MARIO F
Address: CALLE 104 40-31 #2
City-St-Zip: BOGOTA, DC 00000 CO

Title: VSD (X) Change () Addition
Name: GOMEZ, RICARDO
Address: CALLE 104 40-31 #2
City-St-Zip: BOGOTA, DC 00000 CO

Title: TD (X) Change () Addition
Name: SAA, MANUEL A
Address: CALLE 104 40-31 #2
City-St-Zip: BOGOTA, DC 00000 CO

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: MARIO F. REINA

MR

03/31/2004

Electronic Signature of Signing Officer or Director

_____ Date