## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000094044

Entity Name: NUMICOM CORP.

FILED Apr 26, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6527 SW 116 PLACE SUITE G MIAMI, FL 33173

**New Mailing Address: Current Mailing Address:** 

6527 SW 116 PLACE SUITE G MIAMI, FL 33173

FEI Number: 65-1138717 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

City-St-Zip:

SIGNATURE: Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition REINA, MARIO F REINA, MARIO F Name: Name: CALLE 104 40-31 #2 CALLE 104 54-31 #2 Address: Address:

BOGOTA, DC 00000 CO City-St-Zip: BOGOTA, DC 00000 CO

Title: VSD Title: VSD () Delete (X) Change ( ) Addition Name: GOMEZ, RICARDO Name: GOMEZ, RICARDO CALLE 104 40-31 #2 CALLE 104 54-31 #2 Address: Address: BOGOTA, DC 00000 CO BOGOTA, DC 00000 CO City-St-Zip: City-St-Zip:

Title: Title: TD ( ) Delete TD (X) Change ( ) Addition

SAA, MANUEL A SAA, MANUEL A Name: Name: CALLE 104 40-31 #2 CALLE 104 54-31 #2 Address: Address: City-St-Zip: BOGOTA, DC 00000 CO 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 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: MARIO F. REINA PD 04/26/2006