2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 8:00 am Secretary of State

DOCUMENT # P01000115212 1. Entity Name TRELCOM SUNNY ISLES, INC.						04-22-2005 90316 016 ***158.75					
Principal Plac 2828 CORAL MIAMI, FL 3	WAY, PENTHOUSE SUITE	Mailing Address 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145				50043084					
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02112005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State				4. FEI Number 04-36063	388			opfied For ot Applicable	
Zip	Country 6. Name and Address of Current	Zip	Coun	try		5. Certificate of			\$8.75 Add Fee Require		
		7. Name and Address of New Registered Agent									
HERNANDEZ, ANGEL 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145					Street Address (P.O. Box Number is Not Acceptable)						
•				City FL Zip Code						е	
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											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CH	IANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PEREZ, JORGE M 2828 CORAL WAY, PENTHOUS MIAMI, FL 33145	□ Delete E SUITE							Change	☐ Addition .	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Delete TITL HERNANDEZ, ANGEL A 2828 CORAL WAY, PENTHOUSE SUITE STR MIAMI, FL 33145				18. 18.	Rnaude 28 CORA Mamu F	3 ANO	SEL	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, MATTHEW 2828 CORAL WAY, PENTHOUS MIAMI, FL 33145	· Delete		1.6	ا ا ا	EN, M. 828 Co Mam	ATT RAL U)AY- 3314	PH1 is	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLECKER, JAMES 2828 CORAL WAY MIAMI, FL 33145	Selete			V 11/2 8	ODGES, 28 CORA Name	RANDAG LWAY, FL 3	2140	Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E ET ADDRESS -ST-ZIP	77.,			نس. :	Change	Addition	
12. hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that n	the exer	mption stated ture shall have	in Sec the s	tion 119.07(3)(i), I ame legal effect a	Florida Statutes. s if made under o	further cert	tify that the in	formation 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: ___

Daytme Phone #