2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117982

FILED Feb 10, 2005 Secretary of State

Entity Name: TELECOM LOGIX, INC. **Current Principal Place of Business: New Principal Place of Business:** 7243 NW 54 ST. MIAMI, FL 33166 **Current Mailing Address: New Mailing Address:** 7243 NW 54 ST MIAMI, FL 33166 FEI Number: 65-1158759 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: LOPES, MAURICE 7243 NW 54 ST. MIAMI, FL 33166 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition EDICK, RICHARD LOPES, MAURICE Name: Name: 7243 NW 54 ST. 7243 NW 54 ST. Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33166 Title: (X) Delete Title:

() Change () Addition Name: LOPES, MAURICE Name: 7243 NW 54 ST. Address: Address: MIAMI, FL 33166 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete STUVEN, HEIKO Name: Name: 7243 NW 54 ST. Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip:

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: MAURICE LOPES **PRES** 02/10/2005

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