

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90402 003 \*\*\*150.00

**DOCUMENT # P01000120381**

1. Entity Name  
NEXTE TELECOM, INC.



Principal Place of Business  
100 N BISCAYNE BLVD, #2302  
MIAMI, FL 33132

Mailing Address  
100 N BISCAYNE BLVD, #2302  
MIAMI, FL 33132

**DO NOT WRITE IN THIS SPACE**



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number **80-0021772**  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GARCIA, ERNESTO  
100 NORTH BISCAYNE BLVD SUITE 2302  
MIAMI, FL 33132

**DO NOT WRITE  
IN THIS SPACE**

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 resigning)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME GARCIA, ERNESTO  
STREET ADDRESS 100 NORTH BISCAYNE BLVD. SUITE #2302  
CITY-ST-ZIP MIAMI, FL 33132

TITLE  
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CITY-ST-ZIP

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

**4/26/06 3052133825**  
Date Daytime Phone #