## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000055275

Title:

Name:

Address:

City-St-Zip:

FILED Apr 30, 2004 Secretary of State

Entity Name: TEKVOICE COMMUNICATIONS, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
8001 NW 36 STREET SUITE 100-C MIAMI, FL 33166				8245 NW 36 STREET. SUITE 3 MIAMI, FL 33166		
Current Mailing Address:				New Mailing Address:		
8001 NW 36 STREET SUITE 100-C MIAMI, FL 33166				8245 NW 36 STREET. SUITE 3 MIAMI, FL 33166		
FEI Number:	02-0611054	FEI Number Applied For ( )	FEI Num	ber Not Appli	cable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
DABROWSKI, HENRYK 8001 NW 36 STREET SUITE 100-C MIAMI, FL 33166 US						
The above in the State		ıbmits this statement for the pu	rpose of	changing its	s registere	d office or registered agent, or both,
SIGNATURE:						
Electronic Signature of Registered Agent Date  Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DABROWSKI, HE	TREET SUITE 100-C		Title: Name: Address: City-St-Zip:		(X) Change () Addition KI, HENRYK 3 STREET. SUITE 3 33166 US
Title: Name: Address: City-St-Zip:	PALM, GUILLER	TREET SUITE 100-C		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition ETZ, MANFRED 3 STREET. SUITE 3 33166 US
Title: Name: Address: City-St-Zip:	ROTHELL, JEFF	Delete F DRIVE SUITE 210 54 US		Title: Name: Address: City-St-Zip:	D POCATERR 5500 SW 86 MIAMI, FL 3	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CRISTINA POCATERRA D 04/30/2004

() Delete

( ) Change (X) Addition

RODRIGUEZ, HECTOR

MIAMI, FL 33143

8245 NW 36 STREET. SUITE 3