

## ANNUAL REPORT

DOCUMENT # P02000074349

1. Entity Name  
TEL-COM SOLUTIONS GROUP, INC.

## Principal Place of Business

1601 NW 136TH AVE  
SUITE 110  
SUNRISE, FL 33323

## Mailing Address

5331 NW 87 AVE  
TAMARAC, FL 33321

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90029 010 \*\*\*158.00



04092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0730849	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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## 6. Name and Address of Current Registered Agent

YOUNG, MIKE W JR  
5331 NW 87TH AVENUE  
LAUDERHILL, FL 33351**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	YOUNG, MICHAEL W II
STREET ADDRESS	1601 NW 136TH AVE SUITE 110
CITY-ST-ZIP	SUNRISE, FL 33323

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

April 9, 2007 914-868-4847