## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2005 08:00 AM Secretary of State DOCUMENT # P02000106241 1. Entity Name PHOENIX TELECOM, INC. Mailing Address Principal Place of Business 4700 BESSINGER LN. 4700 BESSINGER LN. PACE, FL 32571 PACE, FL 32571 04292005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0655747 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DELGADO, VICENTE J DO NOT WRITE 4700 BESSINGER LN. PACE, FL 32571 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, 2005 Fee will be \$550.00 9. Election Cámpaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS THE DELGADO, VICENTE J NAME 4760 BESSINGER LN STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 TITLE NAME U00000353625 05/03/05-80074-018 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify 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 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 empowerable execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee emichanged, or on an attachment with an address

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #