


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90480 007 \*\*\*150.00

<b>DOCUMENT # P02000124091</b> 1. Entity Name THE BANDWIDTH CAPACITY TEAM, INC.	
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Principal Place of Business 5400 NORTH OCEAN BLVD 5B RIVIERA BEACH, FL 33404 US	Mailing Address 5400 NORTH OCEAN BLVD 5B RIVIERA BEACH, FL 33404 US
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**DO NOT WRITE IN THIS SPACE**



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 48-1286579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
WEISS, HOWARD  
5400 NORTH OCEAN BLVD  
5B  
RIVIERA BEACH, FL 33404

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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 Joseph Osbrano Drecke 4.17.07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISS, HOWARD 5400 NORTH OCEAN BLVD RIVIERA BEACH, FL 33404
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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: HOB 4/3/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #