


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90030 002 \*\*\*150.00

<b>DOCUMENT # P02000128419</b>	
1. Entity Name <b>PMC TELECOM CORP.</b>	

Principal Place of Business <b>12550 BISCAYNE BLVD, STE 500 MIAMI, FL 33181</b>	Mailing Address <b>12550 BISCAYNE BLVD, STE 500 MIAMI, FL 33181</b>
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**DO NOT WRITE IN THIS SPACE**



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>16-1642565</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

~~SINGER, BERNARD A~~  
~~3107 STIRLING ROAD, SUITE 105~~  
~~FT. LAUDERDALE, FL 33312~~  
**Brian D. Gordon, CPA**  
**12550 Biscayne Blvd., #500**  
**N. Miami, FL 33181**

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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 *[Signature]* **Brian D. Gordon, CPA** **3/2/04**  
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</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PYST</b> <b>SINGER, BERNARD R</b> <b>3107 STERLING RD, STE 105</b> <b>FORT LAUDERDALE, FL 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PYST</b> <b>Brian D. Gordon, CPA</b> <b>12550 Biscayne Blvd., #500</b> <b>N. Miami, FL 33181</b>
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12. I hereby certify that the information supplied with this filing 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 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]* **Brian D. Gordon, CPA** **3/2/04** **305-459-0557**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #