

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134452

Entity Name: TELEXPRESS FAX, INC.

FILED  
Mar 22, 2006  
Secretary of State

**Current Principal Place of Business:**

215 N. WABASH AVE.  
LAKELAND, FL 33815

**New Principal Place of Business:**

**Current Mailing Address:**

215 N. WABASH AVE.  
LAKELAND, FL 33815

**New Mailing Address:**

FEI Number: 04-3734757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OSORIO, JAIRO  
215 N. WABASH AVE.  
LAKELAND, FL 33815 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OSORIO, CESAR  
Address: 215 N. WABASH AVE  
City-St-Zip: LAKELAND, FL 33815

Title: VP ( ) Delete  
Name: OSORIO, JAIRO  
Address: 1493 LAKE AZURE DR  
City-St-Zip: ORLANDO, FL 32824

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: CESAR OSORIO

P

03/22/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date