

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90231 047 ***150.00

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1. Entity Name
TELECOM & PROFESSIONAL SERVICES, INC.



Principal Place of Business

1750 NE 191 ST
MIAMI, FL 33179

Mailing Address

1750 NE 191 ST
MIAMI, FL 33179

94071698

2. Principal Place of Business

1750 NE 191 ST

Suite, Apt. #, etc.

#720

City & State

Miami, FL

Zip

33179

Country

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

04242004

Chg-P

CR2E034 (10/03)

4. FEI Number

54-2106056

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

EGUEZ, JOSE L
1750 NE 191 ST
MIAMI, FL 33179

7. Name and Address of New Registered Agent

Name Eguez, Jose L.
Street Address (P.O. Box Number is Not Acceptable)

1750 NE 191 ST # 720

City Miami

FL

Zip Code 33179

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, 2004 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME DP
STREET ADDRESS EGUEZ, JOSE L
CITY-ST-ZIP 1750 NE 191 ST
MIAMI, FL 33179

TITLE ☐ Delete
NAME DV
STREET ADDRESS RINCON, PAULA
CITY-ST-ZIP 1750 NE 191 ST
MIAMI, FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME DP
STREET ADDRESS Eguez Jose L.
CITY-ST-ZIP 1750 NE 191 ST # 720
Miami, FL 33179

TITLE ☒ Change ☐ Addition
NAME DV
STREET ADDRESS Rincon, Paula
CITY-ST-ZIP 1750 NE 191 ST # 720
Miami, FL 33179

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #