

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042418

FILED
Jun 13, 2006
Secretary of State

Entity Name: TELECOM & PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

1750 NE 191 ST
720
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

1750 NE 191 ST
720
MIAMI, FL 33179

New Mailing Address:

FEI Number: 54-2106056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EGUEZ, JOSE L
1750 NE 191 ST
720
MIAMI, FL 33179 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: DP () Delete
Name: EGUEZ, JOSE L
Address: 1750 NE 191 ST # 720
City-St-Zip: MIAMI, FL 33179

Title: DV () Delete
Name: RINCON, PAULA A
Address: 1750 NE 191 ST # 720
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: EGUEZ, JOSE L DP
Address: 1750 NE 191 ST # 720
City-St-Zip: MIAMI, FL 33179

Title: DV (X) Change () Addition
Name: RINCON, PAULA A DV
Address: 1750 NE 191 ST # 720
City-St-Zip: MIAMI, FL 33179

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: PAULA A RINCON

DV

06/13/2006

Electronic Signature of Signing Officer or Director

Date