FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90169 007 ***150.00

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000070610

1. Entity Name
VOICE AND DATA COMMUNICATIONS EQUIPMENT, INC.

Principal Place of Business	Mailing Address
6877 NW 179 STREET #105 HIALEAH, FL 33015	6877 NW 179 STREET #105 HIALEAH, FL 33015

04212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
4301 SW 160 Ave		4301 SW 160 Ave	
Suite, Apt. #, etc.: 200		Suite, Apt. #, etc.: 200	
City & State: Hiramar, FL		City & State: Hiramar, FL	
Zip: 33027	Country: USA	Zip: 33027	Country: USA

4. FEI Number: 81-0623534 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AFONSO, FRANCISCO S
6877 NW 179 STREET #105
HIALEAH, FL 33015

7. Name and Address of New Registered Agent

Name: Francisco Silva Afonso
Street Address (P.O. Box Number is Not Acceptable): 4301 SW 160 Ave #200
City: Miramar FL Zip Code: 33027

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] 04/21/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AFONSO, FRANCISCO S 6877 NW 179 STREET #105 HIALEAH, FL 33015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Francisco Silva Afonso 4301 SW 160 Ave #200 Hiramar, FL. 33027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VICUNA, DAMELLYS 6877 NW 179 STREET #105 HIALEAH, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 04/21/04 305-305 8146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #