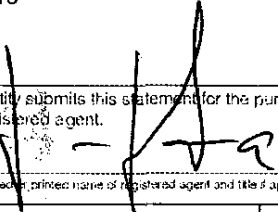
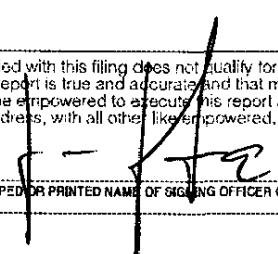


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90169 007 ***150.00

DOCUMENT # P03000070610 1. Entity Name VOICE AND DATA COMMUNICATIONS EQUIPMENT, INC.					
Principal Place of Business 6877 NW 179 STREET #105 HIALEAH, FL 33015			Mailing Address 6877 NW 179 STREET #105 HIALEAH, FL 33015		
2. Principal Place of Business 4301 SW 160 Ave Suite, Apt. #, etc. 200 City & State Miramar, FL Zip 33027			3. Mailing Address 4301 SW 160 Ave Suite, Apt. #, etc. 200 City & State Miramar, FL Zip 33027		
Country USA			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:  DATE: 04/21/04 Signature, typewritten printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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 P NAME AFONSO, FRANCISCO S STREET ADDRESS 6877 NW 179 STREET #105 CITY-ST-ZIP HIALEAH, FL 33015	☒ Delete		TITLE P NAME Francisco Silva Afonso STREET ADDRESS 4301 SW 160 Ave #200 CITY-ST-ZIP Miramar, FL 33027	☒ Change ☐ Addition	
TITLE V NAME VICUNA, DAMELLYS STREET ADDRESS 6877 NW 179 STREET #105 CITY-ST-ZIP HIALEAH, FL 33015	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		☐ 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: 			04/21/04 305-305 8146 Date Daytime Phone #		