

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90211 001 \*\*\*150.00

<b>DOCUMENT # P03000070610</b>					
<b>1. Entity Name</b> VOICE AND DATA COMMUNICATIONS EQUIPMENT, INC.					
<b>Principal Place of Business</b> 4301 SW 160 AVE 200 MIRAMAR, FL 33027			<b>Mailing Address</b> 4301 SW 160 AVE 200 MIRAMAR, FL 33027		
<b>2. Principal Place of Business</b> 551 NW 129 Way Suite, Apt. #, etc.		<b>3. Mailing Address</b> 551 NW 129 Way Suite, Apt. #, etc.			
<b>City &amp; State</b> Pembroke Pines, FL Zip 33028 Country USA		<b>City &amp; State</b> Pembroke Pines Zip 33028 Country USA		<b>4. FEI Number</b> 81-0623534	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> VICUNA, ZEUS 4301 SW 160 AVE #200 MIRAMAR, FL 33027			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b> SIGNATURE: <u><i>Lawrence</i></u> DATE: <u>4/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVA, FRANCISCO 4301 SW 160TH AVE # 200 MIRAMAR, FL 33027	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VICUNA, DAMELLYS 4301 SW 160TH AVE # 200 MIRAMAR, FL 33027	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICUNA, ZEUS 4301 SW 160 AVE MIRAMAR, FL 33027	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u><i>Lawrence</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>04/28/06</u> Daytime Phone #: <u>954-4993560</u>			