## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 21, 2005 08:00 AM **DOCUMENT # P03000079158 Secretary of State** TELECOM SERVICES, INC Principal Place of Business Mailing Address 1215 W. NEWPORT CENTER DRIVE 1215 W. NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 US DEERFIELD BEACH, FL 33442 US 01252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1681203 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MARKATIA, MOHAMMED A 1215 W NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be U00000271905 Trust Fund Contribution. Added to Fees 03/21/05-80068-002 158.75 10. OFFICERS AND DIRECTORS TITLE NAME MARKATIA, MOHAMMED A 1215 W. NEWPORT CENTER DRIVE STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 BRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-7:P TITLE NAME

12. I horeby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

ANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

110/05

954-4/8-8620 Davine Proce #

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