2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

1.0	MENT # P03000082				, · · · · · · · · · · · · · · · · · · ·	-ILED			
Entity Name MIAMI TE	ELESYSTEMS, INC.				04 JUL	12 AH	IN: 2n	,	
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Principal Plac	e of Business	Mailing Address f	<u> </u>		i and in the	JEORET TALLAHA	AKY OF S	ATATE.	•
6043 NW 16	7 ST.	6043 NW 167 ST.		i ii	*		(OOLL, 1)	_UMDA	
A-20 Miami, FL 3:	3015	A-20 MIAMI, FL' 33015			·		*** -		
2. Principal P	lace of Business	3. Mailing Address			_				
	P N D						REII MAINEL EMILM IIM	41 INI#I LUILU INI	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			06212004	Chg-P	CR2E03	34 (10/03)	
City & State		City & State			4. FEI Numb			_ 	plied For
Zip Country		Zip Country		·y	20-012	of Status Desired		8.75 Add	t Applicable itional
	6. Name and Address of Current	Registered Agent				Address of New	· F	ee Required	<u>i</u>
				Name					
VICK, CHA 6043 NW 1			Street Address	(P.O. Box Number is Not Acceptable)					
HIALEAH,	FL 33015		}						
	,		F	City			FL	Zip Code	9
	named entity submits this statement for	or the purpose of changing its r	egistered	d office or regis	tered agent, or bo	oth, in the State of F		 amiliar with, :	and accept
the obligat	ions of registered agent.								
SIGNATURE_	Signature, typed or printed name of registered agent	and little if applicable, (NOTE:	Registered	Agent signature requi	ired when reinstating)		DATE		
	1	9. Election Campaig	n Einana	nina 🏚	E 00	[
. Am	ended AR is \$61.25	Trust Fund Contri			5.00 May Be dded to Fees				
10.	OFFICERS AND	DIRECTORS	11.			 /CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE NAME	P ; RETTER, PEGGY A	Delete	TITLE	Δ¥	exander	Vick		☐ Change	Addition
STREET ADDRESS	473 NW 98 CT.			TADDRESS 41	91 44640				
CITY-ST-ZIP	MIAMI, FL 33172		+	ST-ZIP M	lami, Éi	33133	•		
TITLE NAME	V Delete III			•				☐ Change	☐ Addition
STREET ADDRESS				T ADDRESS ST-ZIP					
CITY-ST-ZIP	MIAMI BEACH, FL 33140	□ Delete	TITLE	51-217	07/1/	30039 3/040107	31,0 2	Ghange ·	21 Addition
NAME	į.	bad Direct	NAME		Ut/T	240 4 0101	0002		
STREET ADDRESS CITY-ST-ZIP	No. 1. 2. 4 April 100 Care 1	garang dan jang garang gar		T ADDRESS - ST-ZIP	<u>:</u>	• •		•	10 - M
TITLE	:	Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREE	T ADDRESS					
CITY-ST-ZIP	41		CITY-	ST-ZIP					
TITLE NAME	7 5 0	Delete	TITLE NAME					Change	☐ Addition
STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP		☐ Delete	TITLE	ST-ZIP	*** · · · · · · · · · · · · · · · · · ·			☐ Change	☐ Addition
TITLE NAME		Delete	NAME					C Onlange	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP					
	certify that the information supplied wit	h this filing does not qualify for			Section 119.07(3	(i), Florida Statute	s. I further cert	ify that the in	nformation
indicated of the col changed	certify that the information supplied wit don this report or supplemental report reporation or the leceiver or trustee em, or on an attachies it with an address.	is true and accurate and that the powered to execute this jeport a with all other like empowered.	as require	ed by Chapter 6	607, Florida Statut	es; and that my na	ine appears in	n Block 10 or	: Block 1 if
ļ	\ /\/ _	- 11/1C	12			6/2/1	24	1	1.110
SIGNAT	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER O	OR DIRECTO	OR		Date	, D.	aytime Phone #	<i>\\\\\</i>
······								***	1 1 1/V