

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90097 046 \*\*\*150.00

**DOCUMENT # P03000091028**

1. Entity Name  
K.S.R. TELECOMMUNICATIONS ENTERPRISES, INC.



Principal Place of Business

5791 UNIVERSITY CLUB N.  
#607  
JACKSONVILLE, FL 32277

Mailing Address

5791 UNIVERSITY CLUB N.  
#607  
JACKSONVILLE, FL 32277

**50028305**



03022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0163609

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOUMECHREK, RALPH  
5791 UNIVERSITY CLUB N.  
#607  
JACKSONVILLE, FL 32277

**DO NOT WRITE  
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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME BOUMECHREK, RALPH  
STREET ADDRESS 5791 UNIVERSITY CLUB N. #607  
CITY-ST-ZIP JACKSONVILLE, FL 32277 *Delete*

TITLE P  
NAME Boumechrek, Yousef  
STREET ADDRESS 5791 University Club N. #607  
CITY-ST-ZIP Jacksonville, FL 32277 *Add*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Yousef Boumechrek Pres.*

Date

*3/02/05*

Daytime Phone #

*904-730-9264*