


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

04-14-2004 90038 008 ***150.00

DOCUMENT # P03000115396		
1. Entity Name TELECOM CONSULTING SERVICES CORP.		

Principal Place of Business P.O BOX 297733 MIRAMAR, FL 33029 US	Mailing Address P.O BOX 297733 MIRAMAR, FL 33029 US
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66428754



2. Principal Place of Business 18455 Miramar Pkwy.	3. Mailing Address 18455 Miramar Pkwy
Suite, Apt. #, etc. 303	Suite, Apt. #, etc. 303

02122004 Chg-P CR2E034 (10/03)

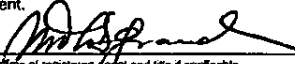
City & State Miramar, FL	City & State Miramar, FL
Zip 33029	Country US

4. FEI Number 83-0373545	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DICKEY, JAMES 1160 NW 159TH DRIVE MIAMI, FL 33169	
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7. Name and Address of New Registered Agent Name Grandison, Marguerite Street Address (P.O. Box Number is Not Acceptable) 18455 Miramar Pkwy. # 303 City Miramar FL Zip Code 33029	
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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 4/9/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANDISON, MARGUERITE P.O BOX 297733 MIRAMAR, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  MARGUERITE GRANDISON (954) 326-2951	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	