2008 FOR PROFIT CORPORATION

Mar 12, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P03000151271** 03-12-2008 90021 012 ***150.00 1. Entity Name STELCOM CORP. Principal Place of Business Mailing Address 50 SW 10TH ST **50 SW 10TH ST** SUITE 1004 MIAMI, FL 33130 **SUITE 1004** MIAMI, FL 33130 No Chg-P CR2E034 (11/05) 03062008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 73-1689370 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANTOS, EDUARDO E DO NOT WRITE 50 SW 10TH ST, STE 1004 MIAMI, FL 33130 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 of registered agent and title if applicable (NOTE: Recistered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PS TITLE SERRANO, SANTIAGO M NAME 50 SW 10TH ST, STE 1004 STREET ADDRESS CTTY-ST-ZIP MIAMI, FL 33130 TITLE 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 NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 of the corporation or the receiver or trust changed, or on an attachment with an account of the corporation or the receiver or trust changed, or on an attachment with an account of the corporation or the receiver or trust SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

1. Entity Name STELCOM CORP.					A	ATTACHMENT				
Principal Place 50 SW 10TH SUITE 1004 MIAMI, FL 33	ST 3130		Mailing Address 50 SW 10TH ST SUITE 1004 MIAMI, FL 33130	•		ハルス	215			
2. Principal P	lace of Busine	ess - No P.O. Box#	3. Mailing Address 5/5/0	. Mailing Address 515W-111 ST.		W70	(11)			
Suite, Apt. #, etc. SVITE 1426			Suite, Apt. #, etc. Suit	E 1426	03062008	Chg-P	CR2E034 (12/06)		
City & State 4 (AM) - FL			City & State Might's FL		4. FEI Number 73-168		Applied For Not Applicable			
Zip <i>33</i>	130	Country US4	Zip 33/30	Country U.S.4	5. Certificate	of Status Desired		75 Addi Required		
	6. Name	and Address of Current F	Registered Agent			Address of New	Registered Ager	nt		
SANTOS.	EDUARDO	E		-	SMYOS, ED					
50 SW 10TH ST, STE 1004 MIAMI, FL 33130					Street Address (P.O. Box Number is Not Acceptable) 57 SW. 11 4 ST.					
IVIIAIVII, I L	33130			31	SVITE 1426					
				City H	UATU'	FL	Zip Code	3313		
	named entity tions of registe		the purpose of changing its re	gistered office or reg	gistered agent, or bo	th, in the State of F	lorida. I am famil	iar with, a	and accept	
SIGNATURE.	Signature, typed	gin på priptid Reistered agent a	nd title if applicable. (NOTE: R	egistered Agent signature re	equired when reinstating)		OATE .			
		FEE IS \$150.00 Fee will be \$550.0	9. Election Campaigr Trust Fund Contrib	~ —	\$5.00 May Be Added to Fees					
10.		OFFICERS AND I		11.	ADDITIONS	CHANGES TO OF				
TITLE NAME STREET ADDRESS	1), SANTIAGO M	☐ Delete	TITLE NAME STREET ADDRESS			L	Change	Addition	
CITY-ST-ZIP	MIAMI, FL	TH ST, STE 1004 33130		CITY-ST-ZIP						
TITLE			☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE NAME			☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS CITY+ST-ZIP				STREET ADDRESS CITY-ST-ZIP						
TITLE	 		☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS						
CITY-ST-ZIP	<u>L</u>			CITY-ST-ZIP						
TITLE			☐ Delete	TITLE	•			Change	Addition	
NAME STREET ADDRESS				NAME Street Address						
CITY-ST-ZIP	-			CITY+ST-ZIP					F****	
TITLE NAME			☐ Delete	TITLE NAME			L	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP						
12. I hereby indicated	d on this repor	t or supplemental report is	this filing does not qualify for true and accurate and that my wered to execute this report as with all-other like empowered.	the exemptions cont	the same legal effe	ct as if made unde	roath that I am a	n officer	or director	
ohanna d			المستحدد ومساح مباثا ممطفي المحلقات							
changed		chment with an and digs.	with all other like empowered.			3/8/08		_	52250	