

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90021 012 ***150.00

DOCUMENT # P03000151271

1. Entity Name
STELCOM CORP.



Principal Place of Business

**50 SW 10TH ST
SUITE 1004
MIAMI, FL 33130**

Mailing Address

**50 SW 10TH ST
SUITE 1004
MIAMI, FL 33130**

20030410



03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1689370

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANTOS, EDUARDO E
50 SW 10TH ST, STE 1004
MIAMI, FL 33130**

**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

3/8/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
SERRANO, SANTIAGO M
50 SW 10TH ST, STE 1004
MIAMI, FL 33130**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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


Date

Daytime Phone #

3/8/08

305-775-2250

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000151271	
1. Entity Name STELCOM CORP.	

ATTACHMENT

Principal Place of Business 50 SW 10TH ST SUITE 1004 MIAMI, FL 33130	Mailing Address 50 SW 10TH ST SUITE 1004 MIAMI, FL 33130
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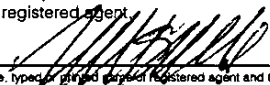
2. Principal Place of Business - No P.O. Box # 51 SW 11th ST	3. Mailing Address 51 SW 11th ST
Suite, Apt. #, etc. SUITE 1426	Suite, Apt. #, etc. SUITE 1426
City & State MIAMI-FL	City & State MIAMI-FL
Zip 33130	Country U.S.A.

40043215

03062008 Chg-P CR2E034 (12/06)

4. FEI Number 73-1689370		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SANTOS, EDUARDO E 50 SW 10TH ST, STE 1004 MIAMI, FL 33130		
7. Name and Address of New Registered Agent Name SANTOS, EDUARDO E. Street Address (P.O. Box Number is Not Acceptable) 51 SW 11th ST SUITE 1426 City MIAMI FL Zip Code 33130		

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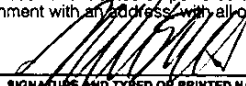
SIGNATURE  DATE **3/8/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PS SERRANO, SANTIAGO M 50 SW 10TH ST, STE 1004 MIAMI, FL 33130 <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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SIGNATURE:  DATE **3/8/08** DAYTIME PHONE # **305-7752250**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR