## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P04000090936

1. Entity Name BASILIO TELECOM, INC.



Principal Place of Business

1050 NW 163 DRIVE MIAMI, FL 33169 Mailing Address

1050 NW 163 DRIVE MIAMI, FL 33169

## FILED Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90187 031 \*\*\*150.00

yours.



04172006

No Chg-P

CR2E034 (11/05)

4. FEI Number 02-0727367

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, MIKE — — 21055 YACHT CLUB DRIVE #3209 AVENTURA, FL 33180

## 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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR VAZQUEZ, MIKE 1050 NW 163 DRIVE MIAMI, FL 33169				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERGUS, NUBIS P 1810 SW 183 TERRACE MIRAMAR, FL 33029				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/86

305-356-620

Daytime Phone #