

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126939

Entity Name: BOX TELECOM, INC.

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

420 LINCOLN ROAD
SUITE 380
MIAMI BEACH, FL 33139

New Principal Place of Business:

3747 PRAIRIE AVENUE
MIAMI BEACH, FL 33140

Current Mailing Address:

420 LINCOLN ROAD
SUITE 380
MIAMI BEACH, FL 33139

New Mailing Address:

POBOX 403575
MIAMI BEACH, FL 33140

FEI Number: 27-0103813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARFI, YANAI
525 MELALEUCA LANE
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: ARFI, YANAI
Address: 525 MELALEUCA LANE
City-St-Zip: MIAMI, FL 33137

Title: CFO () Delete
Name: ARFI, YANAI
Address: 525 MELALEUCA LANE
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: ARFI, YANAI
Address: 525 MELALEUCA LANE
City-St-Zip: MIAMI, FL 33137

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: ARFI, SANDRINE D
Address: 525 MELALEUCA LANE
City-St-Zip: MIAMI, FL 33137 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRINE ARFI

P

04/13/2007

Electronic Signature of Signing Officer or Director

Date