



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90199 038 ***150.00

DOCUMENT # P04000144271 1. Entity Name H & L TELECOMMUNICATIONS, INC					
Principal Place of Business 12145 SW 3RD STREET PEMBROKE PINES, FL 33025			Mailing Address 12145 SW 3RD STREET PEMBROKE PINES, FL 33025		
2. Principal Place of Business 4222 SW 132 WAY Suite, Apt. #, etc.		3. Mailing Address 4222 SW 132 WAY Suite, Apt. #, etc.			
City & State MIRAMAR, FL		City & State MIRAMAR, FL		4. FEI Number 20-1768311	
Zip 33027		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LATORRE, HARRY E 12145 SW 3RD STREET PEMBROKE PINES, FL 33025			7. Name and Address of New Registered Agent Name LATORRE HARRY E Street Address (P.O. Box Number is Not Acceptable) 4222 SW 132 WAY City MIRAMAR FL Zip Code 33027		
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 <i>[Signature]</i> 4/29/05 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LATORRE, HARRY E 12145 SW 3RD STREET PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LATORRE HARRY E 4222 SW 132 WAY MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LATORRE, LEONOR J 12145 SW 3RD STREET PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LATORRE HARRY E 4222 SW 132 WAY MIRAMAR, FL 33027
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	
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	
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: <i>[Signature]</i>			4/29/05 705-829-8808		