

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2005 8:00 am
Secretary of State**

04-26-2005 90175 032 ***150.00

DOCUMENT # P04000150896		04-26-2005 90175 032 ***150.00	
1. Entity Name FLORIDA IP TELECOM INC.			
Principal Place of Business 19495 BISCAYNE BOULEVARD SUITE 409 AVENTURA, FL 33180		Mailing Address 19495 BISCAYNE BOULEVARD SUITE 409 AVENTURA, FL 33180	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRANSGLOBAL CORP. ADMINISTRATION, LLC 520 BRICKELL KEY DRIVE SUITE O-305 MIAMI, FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
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			
TITLE D NAME LIBERMAN, EDWARD STREET ADDRESS 19495 BISCAYNE BOULEVARD, SUITE 409 CITY-ST-ZIP AVENTURA, FL 33180		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Delete	
TITLE D NAME PAREDES, ALONSO STREET ADDRESS 19495 BISCAYNE BOULEVARD, SUITE 409 CITY-ST-ZIP AVENTURA, FL 33180		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GARCIA, ADELA STREET ADDRESS 19495 BISCAYNE BOULEVARD, SUITE 409 CITY-ST-ZIP AVENTURA, FL 33180		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	
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"/> 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: 		ADELA GARCIA 4/14/05 305.792.5220	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	