

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000150896	
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
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03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1835664	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TRANSGLOBAL CORP. ADMINISTRATION, LLC 520 BRICKELL KEY DRIVE SUITE O-305 MIAMI, FL 33131
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**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000478997
04/08/06-80027-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIBERMAN, EDWARD 19495 BISCAYNE BOULEVARD, SUITE 409 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAREDES, ALONSO 19495 BISCAYNE BOULEVARD, SUITE 409 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ADELA 19495 BISCAYNE BOULEVARD, SUITE 409 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: Adela Garcia, Director 3/24/06 305.792-5220 FL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #