## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000151867

Entity Name: BIZ-TELECOM, INC

Title:

Name:

Address:

City-St-Zip:

( ) Delete

BRITTO, JUAN J

CALLE CARLOS W

165 PISO 4 LIMA 18 PERU,

FILED Apr 28, 2006 Secretary of State

| Current Principal Place of Business:                            |   |                               |                  | New Principal Place of Business:                                   |                             |                        |                 |
|---|---|-------------------------------|------------------|--|-----------------------------|------------------------|-----------------|
| 6101 SWINDEN LANE<br>DAVIE, FL 33331                            |   |                               |                  | 15828 ASHBY FIELD RD<br>DAVIE, FL 33331                            |                             |                        |                 |
| Current Mailing Address:  |   |                               |                  | New Mailing Address:   |                             |                        |                 |
| 6101 SWINDEN LANE<br>DAVIE, FL 33331                            |   |                               |                  | 15828 ASHBY FIELD RD<br>DAVIE, FL 33331                            |                             |                        |                 |
| FEI Number:   | 20-1865711                                  | FEI Number Applied For        | ( ) FEI Nur      | mber Not Appl  | icable ( )                  | Certificate of Status  | Desired ( )     |
| Name and Address of Current Registered Agent:                   |   |                               |                  | Name and Address of New Registered Agent:                          |                             |                        |                 |
| IZIQUE, MARGARETHA L<br>6101 SWINDEN LANE<br>DAVIE, FL 33331 US |   |                               |                  | IZIQUE, MARGARETHA L<br>15828 ASHBY FIELD RD<br>DAVIE, FL 33331 US |                             |                        |                 |
| The above in the State  |   | y submits this statement fo   | or the purpose o | of changing i  | ts registered o             | office or registered a | agent, or both, |
| SIGNATUR  | E: MARGA                                    | RETHA IZIQUE                  |                  | 04/28/2006   |                             |                        |                 |
|   | Electro                                     | onic Signature of Register    | ed Agent         | Date   |                             |                        |                 |
| Election Cam  | paign Financi                               | ing Trust Fund Contribution ( | ).               |  |                             |                        |                 |
| OFFICERS AND DIRECTORS:   |   |                               |                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                       |                             |                        |                 |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                     | D (IZIQUE, MAR<br>6101 SWIND<br>DAVIE, FL 3 | EN LANE                       |                  | Title:<br>Name:<br>Address:<br>City-St-Zip:                        | IZIQUE, MARG<br>15828 ASHBY | FIELD RD               |                 |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                     | ORDONEZ, A                                  | RECAVERREN N 1300 BLOCI       | C7 DRTO          | Title:<br>Name:<br>Address:<br>City-St-Zip:                        | ( )                         | ) Change ()Addition    |                 |

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARGARETHA IZIQUE PRES 04/28/2006

() Change () Addition