2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 MAR 15 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400091941

01/31/05 900610 010 $150.00
01262005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000165646

1. Entity Name
TEL-EFFICIENT CORP.

Principal Place of Business	Mailing Address
1149 S.W. 27TH AVE MIAMI, FL 33135	1149 S.W. 27TH AVE MIAMI, FL 33135

2. Principal Place of Business		3. Mailing Address	
8884 SW 129 Terrace		De, La Torre, Taraboulos &	
Suite, Apt. #, etc.: 2nd Floor		Suite, Apt. #, etc.: 9400 South Dadeland Blvd.	
City & State: Miami, Fl		City & State: Suite 601- Miami, Fl	
Zip: 33176	Country: Miami, Dade	Zip: 33156	Country: Miami Dade

4. FEI Number: 20-1985411 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALENTAQDO, ANTONIO 1149 S.W. 27TH AVE MIAMI, FL 33135	Name: Alentado Antonia F. Street Address (P.O. Box Number is Not Acceptable): 9400 South Dadeland Boulevard Suite 601 City: Miami FL Zip Code: 33156

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	DPS LOPEZ, DOMINGO 1149 S.W. 27TH AVE MIAMI, FL 33135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Suco, Robert Vice President/Secretary 7370 SW 102 Ave- MIami, Fl 33193	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Domingo Lopez 1-26-05 (305) 670-2390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #