

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED


06 SEP 13 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*



09122006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000037113</b>					
1. Entity Name <b>HEXAGON TELECOMMUNICATIONS, INC</b>					
Principal Place of Business <b>12717 W. SUNRISE BLVD. 245 SUNRISE, FL 33323</b>			Mailing Address <b>12717 W. SUNRISE BLVD. 245 SUNRISE, FL 33323</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NARANJO, LUIS 12717 W. SUNRISE BLVD. 245 SUNRISE, FL 33323</b>			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>NARANJO, LUIS</b> <input type="checkbox"/> Delete <b>12717 W. SUNRISE BLVD. # 245 SUNRISE, FL 33323</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800079946378 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/19/06--01033--006 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR OF OPERATIONS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TINOCO GUSTAVO 12717 W. SUNRISE BLVD #245 SUNRISE, FL 33323</b>	
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 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: <i>[Signature]</i>			GUSTAVO TINOCO 09/12/2006 (954) 817 2180		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		