

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000101919

FILED
Mar 09, 2007
Secretary of State

Entity Name: TELE-TEK USA COMMUNICATION CORP

Current Principal Place of Business:

1127 FAIRLAKE TRACE
UNIT 2107
WESTON, FL 33326

New Principal Place of Business:

5583 NW 72 AVE
6
MIAMI, FL 33166

Current Mailing Address:

1127 FAIRLAKE TRACE
UNIT 2107
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-3178596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LATIN NETWORK CONSULTANTS INC
2853 EXECUTIVE PARK DR.
SUITE 201
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: LATIN NETWORK CONSULTANT S INC

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEON, ROMULO
Address: 1127 FAIRLAKE TRACE UNIT 2107
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: LEON, ASBELY
Address: 1127 FAIRLAKE TRACE UNIT 2107
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: LEON, ANYSBETH
Address: 1127 FAIRLAKE TRACE UNIT 2107
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: LEON, ALICETH
Address: 1127 FAIRLAKE TRACE UNIT 2107
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEON, ALICETH 70%
Address: 1127 FAIRLAKE TRACE UNIT 2107
City-St-Zip: WESTON, FL 33326

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.

SIGNATURE: ALICETH VILLALOBOS

D

03/09/2007

Electronic Signature of Signing Officer or Director

Date