

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153367

FILED  
Apr 13, 2007  
Secretary of State

Entity Name: TOTAL COMMUNICATION SOLUTIONS, INC.

## Current Principal Place of Business:

4001 NW 97TH AVENUE  
301-D  
MIAMI, FL 33178

## New Principal Place of Business:

## Current Mailing Address:

4001 NW 97TH AVENUE  
301-D  
MIAMI, FL 33178

## New Mailing Address:

FEI Number: 41-2188713      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MANRIQUE, RAFAEL J  
133 SW 113 AVENUE  
#102  
MIAMI, FL 33174 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: MANRIQUE, RAFAEL J  
Address: 133 SW 113 AVENUE #102  
City-St-Zip: MIAMI, FL 33174

Title: P ( ) Delete  
Name: SHEA, DAVID C  
Address: 577212 ARBOR CLUB WAY  
City-St-Zip: BOCA RATON, FL 33433

Title: O ( ) Delete  
Name: LARKIN, BRENDAN M P.E.  
Address: 280 NW 78TH AVENUE  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition  
Name: SHEA, DAVID C  
Address: 3040 NE 190TH STREET # 203  
City-St-Zip: AVENTUAR, FL 33180

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

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: DAVID C. SHEA

P

04/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date