
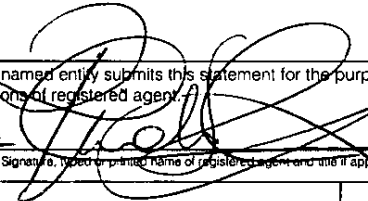


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90223 007 ***150.00

DOCUMENT # P06000036081			
1. Entity Name VOICOMM, INC.			
Principal Place of Business 2086 BOREALIS WAY WESTON, FL 33327		Mailing Address 2086 BOREALIS WAY WESTON, FL 33327	
2. Principal Place of Business - No P.O. Box # 8358 W Oakland Park Suite, Apt. #, etc. #101		3. Mailing Address 8358 W Oakland Park Suite, Apt. #, etc. #101	
City & State Sunrise Florida		City & State Sunrise, Florida	
Zip 33351		Country US	
6. Name and Address of Current Registered Agent SORIANO, RICARDO 2086 BOREALIS WAY WESTON, FL 33327		7. Name and Address of New Registered Agent Name Soriano, Ricardo Street Address (P.O. Box Number is Not Acceptable) 8358 W Oakland Park #101 City Sunrise FL Zip Code 33351	
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: 04/23/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD SORIANO, RICARDO 2086 BOREALIS WAY WESTON, FL 33327 <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	DTS SORIANO, JOSE L 2086 BOREALIS WAY WESTON, FL 33327 <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	DV GALLO, JAMES 2086 BOREALIS WAY WESTON, FL 33327 <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
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04202007 Chg-P CR2E034 (12/06)

4. FEI Number
55-0915731

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

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04/23/07 Daytime Phone # 9546632165