

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90047 002 \*\*\*150.00

**DOCUMENT # P06000082671**

1. Entity Name  
**TELECOMUNICACIONES PHENIX USA, INC.**



Principal Place of Business  
**33920 US 19 NORTH, STE. 170  
PALM HARBOR, FL 34684**

Mailing Address  
**33920 US 19 NORTH, STE. 170  
PALM HARBOR, FL 34684**

4001111



2. Principal Place of Business - No P.O. Box #  
**34770 US HWY 19 N**  
Suite, Apt. #, etc.

3. Mailing Address  
**34770 US HWY 19 N**  
Suite, Apt. #, etc.

01262008 Chg-P CR2E034 (12/06)

City & State  
**PALM HARBOR FL**  
Zip  
**34684**

City & State  
**PALM HARBOR FL**  
Zip  
**34684**

4. FEI Number  
**20-5064508**  
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

**FOWLER WHITE BOGGS BANKER P.A.  
501 E. KENNEDY BLVD., STE. 1700  
TAMPA, FL 33602**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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 ☐ Delete  
NAME **D WOJCIK, RICHARD**  
STREET ADDRESS **33920 US 19 NORTH, STE. 170**  
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE ☒ Change ☐ Addition  
NAME **34770 US HWY 19 N**  
STREET ADDRESS **PALM HARBOR FL 34684**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D LEROUX, GERALD**  
STREET ADDRESS **33920 US 19 NORTH, STE. 170**  
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE ☒ Change ☐ Addition  
NAME **34770 US HWY 19 N**  
STREET ADDRESS **PALM HARBOR FL 34684**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

**JAN 31/08**  
Date

**727 776 3020**  
Daytime Phone #