

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90075 048 \*\*\*150.00

**DOCUMENT # P94000001459**

1. Entity Name  
AWS COMMUNICATIONS, INC.



Principal Place of Business  
9485 SUNSET DRIVE  
A-258  
MIAMI, FL 33173 US

Mailing Address  
9485 SUNSET DRIVE  
A-258  
MIAMI, FL 33173 US

**94038653**



2. Principal Place of Business  
9745 SW 72 ST.

3. Mailing Address  
9745 S.W. 72 ST.

Suite, Apt. #, etc.  
SUITE 205

Suite, Apt. #, etc.  
SUITE 205

01062004 Chg-P CR2E034 (10/03)

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
65-0457935

Applied For  
Not Applicable

Zip  
33173

Country  
USA

Zip  
33173

Country  
USA

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

## 6. Name and Address of Current Registered Agent

BENJAMIN, IRA  
9485 SUNSET DRIVE  
STE A-258  
MIAMI, FL 33173

## 7. Name and Address of New Registered Agent

Name  
Benjamin, IRA  
Street Address (P.O. Box Number is Not Acceptable)  
9745 SUNSET DR.  
Suite 205  
City  
MIAMI FL Zip Code  
33173

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D BENJAMIN, IRA ☐ Delete  
STREET ADDRESS  
9485 SUNSET DRIVE SUITE A-258  
CITY-ST-ZIP  
MIAMI, FL

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
D Benjamin, IRA ☒ Change ☐ Addition  
STREET ADDRESS  
9745 SUNSET DR. #205  
CITY-ST-ZIP  
MIAMI, FL 33173

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Daytime Phone #

IRA Benjamin 3/23/04 (305)273-7595