2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000001459

1. Entity Name
AWS COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
~~9745 SW 72 ST~~ ~~SUITE 205~~ MIAMI, FL 33173 US	~~9745 SW 72 ST~~ ~~SUITE 205~~ MIAMI, FL 33173 US

2. Principal Place of Business
9955 S.W. 84 ST
Suite, Apt. #, etc.

3. Mailing Address
9955 S.W. 84 ST
Suite, Apt. #, etc.

City & State **MIAMI, FlA**
Zip **33173** Country **USA**

City & State **MIAMI, Fl**
Zip **33173** Country **USA**

01032005   Chg-P   CR2E034 (10/03)

4. FEI Number
65-0457935
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENJAMIN, IRA
~~9745 SUNSET DR~~ **9955 S.W. 84 ST**
~~SUITE 205~~ **MIAMI, Fl 33173**
~~MIAMI, FL 33173~~

7. Name and Address of New Registered Agent

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 _____

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, 2005 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	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	BENJAMIN, IRA		NAME	**9955 S.W. 84 ST.**	
STREET ADDRESS	~~9745 SUNSET DR. #205~~		STREET ADDRESS	**MIAMI, Fl 33173**	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _IRA Benjamin_   1/5/05   (305)2737595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #