

FILED

Apr 05, 2004 08:00 AM
Secretary of State2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000090749

1. Entity Name

IKUSI TELECOMMUNICATIONS, INC.



Principal Place of Business

780 NW 42ND AVE #324
MIAMI, FL 33126 12

Mailing Address

780 NW 42ND AVE #324
MIAMI, FL 33126 12

03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number

65-0543554

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES INC
780 NW 42ND AVE #324
MIAMI, FL 33126DO NOT WRITE
IN THIS SPACE

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 \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPD
IGLESIAS COCOLINA, ANGEL
3000 N.W. 82 AVE.
MIAMI, FLTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPP
HUETE FERNANDEZ, MANUEL
3000 N.W. 82 AVE.
MIAMI, FLTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPU00000102396
04/05/04-80013-022 150.00DO NOT WRITE
IN THIS SPACE

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

MANUEL HUETE

29/03/04

Date

Daytime Phone #