FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90016 016 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000090749

1. Entity Name
IKUSI TELECOMMUNICATIONS, INC

40027811

Principal Place of Business	Mailing Address
780 NW 42ND AVE #324 MIAMI, FL 33126	780 NW 42ND AVE #324 MIAMI, FL 33126

01302007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10 N.W. LE JEUNE ROAD	10 N.W. LE JEUNE ROAD
Suite, Apt #, etc: SUITE 500	Suite, Apt #, etc: SUITE 500
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33126 Country:	Zip: 33126 Country:

4. FEI 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	7. Name and Address of New Registered Agent
ESQUIRE CORPORATE SERVICES INC 780 NW 42ND AVE #324 MIAMI, FL 33126	Name: ESQUIRE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable): 10 N.W. LE JEUNE ROAD STE 500 City: MIAMI FL Zip Code: 33126

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 DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	D IGLESIAS COCOLINA, ANGEL 3000 N.W. 82 AVE. MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUETE FERNANDEZ, MANUEL 3000 N.W. 82 AVE MIAMI, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S HUETE FERNANDEZ, MANUEL 3000 N.W. 82 AVE. MIAMI, FL.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Daytime Phone #