



2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P94000090749 1. Entity Name IKUSI TELECOMMUNICATIONS, INC.			
Principal Place of Business 10 N.W. LE JEUNE ROAD SUITE 500 MIAMI, FL 33126		Mailing Address 10 N.W. LE JEUNE ROAD SUITE 500 MIAMI, FL 33126	
DO NOT WRITE IN THIS SPACE			
		01182008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0543554 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  ESQUIRE CORPORATE SERVICES INC 10 N.W. LE JEUNE ROAD STE 500 MIAMI, FL 33126		DO 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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Purposes of Agent signature required when registering)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 000000821567 02/19/08-80032-010 150.00	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	IGLESIAS COCOLINA, ANGEL		
STREET ADDRESS	3000 N.W. 82 AVE.		
CITY- ST- ZIP	MIAMI, FL		
TITLE	PS		
NAME	HUETE FERNANDEZ, MANUEL		
STREET ADDRESS	3000 N.W. 82 AVE.		
CITY- ST- ZIP	MIAMI, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
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		2008/02/05 Date: _____ Employer's Filing # _____	