2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90204 045 ***150.00

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04252006 Chg-P CR2E034 (11/05)

DOCUMENT # P95000014079

1. Entity Name
HI Q TELECOM INC.

Principal Place of Business	Mailing Address
16562 N W 83 PL MIAMI, FL 33016	16562 N W 83 PL MIAMI, FL 33016

2. Principal Place of Business	3. Mailing Address
6175 NW 153 STREET	6175 NW 153 STREET
Suite, Apt. #, etc.: SUITE # 204	Suite, Apt. #, etc.: SUITE # 204
City & State: MIAMI LAKES - FLORIDA	City & State: MIAMI LAKES - FLORIDA
Zip: 33014-2435 Country:	Zip: 33014-2435 Country:

4. FEI Number: 65-0574894 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PURRINOS, VIVIANA
16562 N W 83 PL
MIAMI, FL 33016

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, 2006 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	P PURRINOS, ALFREDO 16562 N W 83 PL MIAMI, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PURRINOS, VIVIANA 16562 NW 83 PLACE MIAMI, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: ALFREDO PURRINOS - PRESIDENT APRIL 25, 2006 305-558-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #