

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90199 047 ***150.00

DOCUMENT # P95000056617					
1. Entity Name TELECEL USA, INC.					
Principal Place of Business 2717 E. OAKLAND PARK BLVD. SUITE 201 FT LAUDERDALE, 33 33306 US			Mailing Address 2717 E. OAKLAND PARK BLVD. SUITE 201 FT LAUDERDALE, 33 33306 US		
2. Principal Place of Business 3912 NE 171 ST.		3. Mailing Address 3912 NE 171 ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NORTH MIAMI BEACH, FL		City & State NORTH MIAMI BEACH		4. FEI Number 65-0633606	
Zip 33160		Country U.S.A		Applied For Not Applicable	
6. Name and Address of Current Registered Agent COHEN, JEFFREY-R 297 SUNNY ISLES BLVD. NO MIAMI BEACH, FL 33160				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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE SD NAME HASSON, HENRI STREET ADDRESS 17027 W DIXIE HWY, STE 101 CITY-ST-ZIP N MIAMI BCH, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 3907 NE 170 ST CITY-ST-ZIP N. M. B., FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME HASSON, ISAAC STREET ADDRESS 3401 N FEDERAL HWY #401 CITY-ST-ZIP FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 3912 NE 171 ST. CITY-ST-ZIP N. M. B., FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: T. WHITFIELD			Date: April 27, 2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # (954) 727 5012		