2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000008777

1. Entity Name

TELCOM MANAGEMENT CO.



Principal Place of Business

250 CATALONIA AVENUE

SUITE 605 CORAL GABLES, FL 33134 US

Mailing Address

P.O. BOX 141894

CORAL GABLES, FL 33134

FILED May 13, 2005 8:00 am Secretary of State

05-13-2005 90228 009 ***150.00

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DO NOT WRITE IN THIS SPACE

No Chg-P 04212005

CR2E034 (10/03)

4. FEI Number 65-0640596 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRAVIESO, JOSE R JR. 250 CATALONIA AVENUE SUITE 605 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the pitions of registered agent.	urpose of changing its re	gistered office or re	egistered agent, or both,	in the State of Florida. I am familiar with, and a	ccept
SIGNATURE	Signature, typed or printed name of registered agent and atteil	applicable. (NOTE: R	Registered Agent signature	required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaigr Trust Fund Contrib		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TRAVIESO, JOSE R JR. 250 CATALONIA AVE. SUITE 605 CORAL GABLES, FL 33134					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO 1	NOT WRITE	
TITLE NAME STREET ADDRESS				IN T	HIS 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

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP