
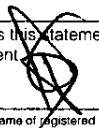
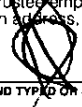


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90006 023 \*\*\*550.00

<b>DOCUMENT # P97000092461</b> 1. Entity Name <b>TOTALCOM AMERICA CORPORATION</b>			
Principal Place of Business <b>111 NE 1ST STREET STE 900 MIAMI, FL 33132</b>		Mailing Address <b>111 NE 1ST STREET STE 900 MIAMI, FL 33132</b>	
2. Principal Place of Business <b>100 N Biscayne Blvd.</b> Suite, Apt. #, etc. <b>Suite 812</b> City & State <b>Miami FL</b> Zip <b>33132</b>		3. Mailing Address <b>100 N Biscayne Blvd</b> Suite, Apt. #, etc. <b>Suite 812</b> City & State <b>Miami, FL</b> Zip <b>33132</b>	
Country <b>DADE</b>		Country <b>DADE</b>	
4. FEI Number <b>65-0794532</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ALMENARA, ANTONIO B 111 NE 1ST STREET SUITE 900 MIAMI, FL 33132</b>		7. Name and Address of New Registered Agent Name: <b>Antonio Brito Almenara</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 N Biscayne Blvd</b> <b>Suite 812</b> City: <b>Miami</b> <b>FL</b> Zip Code: <b>33132</b>	
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) DATE: <b>7/29/04</b>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ALMENARA, ANTONIO BRITO 111 NE 1ST STREET STE 900 MIAMI, FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ANTONIO BRITO Almenara 100 N Biscayne Blvd. suite 812 MIAMI FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DARRA, CARMEN 111 NE 1ST STREET STE 900 MIAMI, FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARRA Carmen 100 N Biscayne Blvd. suite 812 Miami, FL, 33132
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: 		Date: <b>7/29/04</b> Daytime Phone #: <b>305-372-3400</b>	