


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-05-2004 90006 023 ***550.00

DOCUMENT # P97000092461	
1. Entity Name TOTALCOM AMERICA CORPORATION	

Principal Place of Business 111 NE 1ST STREET STE 900 MIAMI, FL 33132	Mailing Address 111 NE 1ST STREET STE 900 MIAMI, FL 33132
--	--

34067078



2. Principal Place of Business 100 N Biscayne Blvd. Suite, Apt. #, etc. suite 812 City & State Miami FL Zip 33132 Country DADE	3. Mailing Address 100 N Biscayne Blvd Suite, Apt. #, etc. suite 812 City & State Miami, FL Zip 33132 Country DADE
---	---

07202004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0794532	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 ALMENARA, ANTONIO B 111 NE 1ST STREET SUITE 900 MIAMI, FL 33132	7. Name and Address of New Registered Agent Name: Antonio Brito Almenara Street Address (P.O. Box Number is Not Acceptable) 100 N Biscayne Blvd suite 812 City: Miami FL Zip Code: 33132
---	---

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: 7/29/04

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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 NAME STREET ADDRESS CITY-ST-ZIP	DPS ALMENARA, ANTONIO BRITO 111 NE 1ST STREET STE 900 MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ANTONIO BRITO Almenara 100 N Biscayne Blvd. suite 812 MIAMI FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DARRA, CARMEN 111 NE 1ST STREET STE 900 MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARRA Carmen 100 N Biscayne Blvd. suite 812 Miami, FL, 33132. <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

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: 7/29/04 DAYTIME PHONE #: 305-372-3400