2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000002521

1. Entity Name TELÉCOM HOSPITALITY, INC.



FILED May 03, 2004 08:00 AM Secretary of State

Principal Place of Business

3250 MARY STREET SUITE 501 MIAMI, FL 33133

Mailing Address

3250 MARY STREET SUITE 501 MIAMI, FL 33133

No Cha-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Applied For 4. FEI Number 65-0803459 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

SCHATZ, RICHARD E STEARNS WEAVER MILLER WEISSLER ET. AL 150 WEST FLAGLER ST., SUITE 2200 MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

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 tide if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	eing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TOR\$			·
title name street address city-st-zip	PD SIBLEY, PETER L 3250 MARY STREET SUITE 501 MIAMI, FL 33133				U00000149673 05/03/04-80192-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HORTON, STEVEN J 3250 MARY STREET SUITE 501 MIAMI, FL 33133				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISER, WARREN P 2665 S BAYSHORE DR- STE 1002 MIAMI, FL 33133			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 control of the co					

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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: