2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # P98000051008** 04-28-2005 90160 024 ***150 00 WAGNER TELECOMMUNICATIONS CORPORATION Principal Place of Business Mailing Address 5213 N.W. 74TH AVE 251 GALEN DR #204 14003077 MIAMI, FL 33166 US KEY BISCAYNE, FL 33149 US 2. Principal Place of Business 3. Mailing Address 251 GALEN Suite, Apt. #, etc. 04252005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For 65-0848450 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Rodnico veredo RODRIGO, QUEREDO Street Address (P.O. Box Number is Not Acceptable) 5213 N.W. 74TH AVE 204 MIAMI, FL 33166 BEACRY Ne 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 of registered agent. the obligations SIGNATURE ure, typed or printed name of registered pent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Rodriso Quevero (direction change TITLE tme ☐ Delete 251 GALEN Drive# 204 NAME RODRIGO, QUEVEDO NAME STREET ADDRESS 5213 N.W. 74TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change ☐ Addition NAME MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied nertial 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 protected 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 attack and that my name appears in Block 10 or Block 11 if Il other like empowered. 592-0001 SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED