


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90193 016 ***150.00

DOCUMENT # P98000051008			
1. Entity Name WAGNER TELECOMMUNICATIONS CORPORATION			
Principal Place of Business 251 GALEN DRIVE SUITE # 204 KEY BISCAYNE, FL 33149 US		Mailing Address 251 GALEN DR #204 KEY BISCAYNE, FL 33149 US	
2. Principal Place of Business 201 Galen Drive Suite, Apt. #, etc. Apt - 102-W City & State Key Biscayne Zip 33149 Country USA		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent RODRIGO, QUEREDO 251 GALEN DRIVE # 204 KEY BISCAYNE, FL 33149		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 D <input type="checkbox"/> Delete NAME RODRIGO, QUEVEDO STREET ADDRESS 251 GALEN DRIVE # 204 CITY-ST-ZIP KEY BISCAYNE, FL 33149	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Rodrigo Querodo STREET ADDRESS 201 Galen Dr. # 102 W CITY-ST-ZIP Key Biscayne, FL 33149		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Rodrigo Querodo</u>		Date: <u>04/28/06</u> Daytime Phone #: <u>305-592-0001</u>	
Rodrigo Querodo			