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## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 05, 2004 8:00 am Secretary of State

DOCUMENT # P98000100419  1. Entity Name MOVICOMM CORP.				04-05-2004 90075 013 ***150.00					
Principal Plac	ce of Business	Mailing Address			1		ባቭበኋ		
P.O. BOX 63 MIAMI, FL 3	0295	P.O. BOX 630295 MIAMI, FL 33163							
2. Principal P	Place of Business	3. Mailing Address			-				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03312004	Chg-P	CR2E0	34 (10/03)	
City & State		City & State			4. FEI Number 65-0901	616		<u> </u>	oplied For ot Applicable
- Zip -	Country	Zip	Coun	ntry		Status Desired		\$8.75 Add Fee Require	ditional
	6. Name and Address of Currer	nt Registered Agent			7. Name and A	ddress of New R	legistered A	lgent	
BUILDING	ZRA 192 STREET 5 B - UNIT 1-C RA, FL 33180				P.O. Box Number				
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9 The about	named entity automity this state and	for the manage of the series			oder dal	<u>e</u>	FL	3,33	.17 .
the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing	ıts register	ed office or registe	red agent, or both	, in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE		ont and title if applicable. (	NOTE: Registere	d Agent signature require	d when reinstating)	4	- 0 / - DATE	04	<del></del>
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Can Trust Fund C			.00 May Be led to Fees				
After Ma	ay 1, 2004 Fee will be \$550	).00 Trust Fund C	ontribution.		led to Fees	HANGES TO OFF	ICEBS AND	DIRECTOR	C IN 11
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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.

SIGN	ATU	RE:
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SIGNATURE AND TYPED ON PRINTED NAME OF SI

PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-01-04

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