

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026964

Entity Name: TELEBORO WIRELESS INC.

FILED  
Apr 18, 2005  
Secretary of State

**Current Principal Place of Business:**

7322 S.W. 57TH AVENUE  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7322 S.W. 57TH AVENUE  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 65-0905410

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEREZ, DIANA  
11235 S.W. 147TH COURT  
MIAMI, FL 33196 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: PEREZ, DIANA  
Address: 11235 S.W. 147TH COURT  
City-St-Zip: MIAMI, FL 33196

Title: VSD ( ) Delete  
Name: PEREZ, CARLOS  
Address: 11235 S.W. 147TH COURT  
City-St-Zip: MIAMI, FL 33196

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA PEREZ

PTD

04/18/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date