


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P99000029516 1. Entity Name TELPLEX SOLUTIONS, INC. |  |
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|---|---|
| Principal Place of Business 6626 VIA PALLADIUM BOCA RATON, FL 33433 | Mailing Address 6626 VIA PALLADIUM BOCA RATON, FL 33433 |
|---|---|

DO NOT WRITE IN THIS SPACE



03042004 No Chg-P CR2E034 (10/03)

| | |
|---|-----------------------------------|
| 4. FCI Number 65-0908026 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

JOSEPH, IRA
6256 VIA PALLADIUM
BOCA RATON, FL 33433

**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 _____ (NOTE: Registered Agent signature required when renewing.) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

000000105699
04/07/04-80036-004 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PS JOSEPH, IRA A 6256 VIA PALLADIUM BOCA RATON, FL 33433 |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 IRA A. JOSEPH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04 561-391-6656
Date Daytime Phone #