

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000021628

Entity Name: TELECOMPAS, INC.

FILED  
Mar 03, 2009  
Secretary of State

**Current Principal Place of Business:**

266 COMPETITON DR  
KISSIMMEE, FL 34743

**New Principal Place of Business:**

**Current Mailing Address:**

266 COMPETITON DR  
KISSIMMEE, FL 34743

**New Mailing Address:**

FEI Number: 51-0671442      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SCHEKER, JHONATHAN  
266 COMPETITON DR  
KISSIMMEE, FL 34743      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: DP ( ) Delete  
Name: SCHEKER, ALFREDO M  
Address: 266 COMPETITON DR  
City-St-Zip: KISSIMMEE, FL 34743

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: DP (X) Change ( ) Addition  
Name: SCHEKER ROMAN, ALFREDO M  
Address: 266 COMPETITON DRIVE  
City-St-Zip: KISSIMMEE, FL 34743

Title: VP ( ) Change (X) Addition  
Name: PEREZ VOLQUEZ, MARIO  
Address: 266 COMPETITION DRIVE  
City-St-Zip: KISSIMMEE, FL 34743

Title: S ( ) Change (X) Addition  
Name: ARIAS LLANO, ANA  
Address: 266 COMPETITION DRIVE  
City-St-Zip: KISSIMMEE, FL 34743

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANA ARIAS LLANO

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03/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date