


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000031582**

1. Entry Name  
**B & D TELECOM CORP.**



Principal Place of Business      Mailing Address

1000 WEST MCNAB ROAD STE. 166      1000 WEST MCNAB ROAD STE. 166  
 POMPANO BEACH, FL 33069      POMPANO BEACH, FL 33069

**DO NOT WRITE IN THIS SPACE**



01052005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0485088**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KANFER, JACK**  
 1000 W MCNAB RD  
 POMPANO BEACH, FL 33069

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KANFER, JACK 1000 W. MCNAB RD. POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS RUBIN, LEWIS 1000 W. MCNAB RD. POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000174983  
 01/10/05-80031-018 150.00

**DO NOT WRITE 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)(i), 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: Jack Kanfer    JACK KANFER    12-31-04    954.781.0884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #