


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000064658		
1. Entity Name A. COINPHONE SERVICES, INC.		
Principal Place of Business P.O. BOX 144384 CORAL GABLES, FL 33114	Mailing Address P.O. BOX 144384 CORAL GABLES, FL 33114	



08122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0692240	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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6. Name and Address of Current Registered Agent

FALERO, LUIS M
 4550 PINETREE DRIVE
 MIAMI BEACH, FL 33140

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
Due by September 8, 2004

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


In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FALERO, LUIS M 4550 PINETREE DRIVE MIAMI BEACH, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FALERO, ROSARY P. 4550 PINETREE DRIVE MIAMI BEACH, FL 33146
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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. ~~See an attachment with an address, with all other like empowered~~

SIGNATURE:  **Rosary P. Falero** 8/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #