


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000102805</b> 1. Entity Name PHONE WORKS, INC.		
Principal Place of Business 2700 WEST ATLANTIC BLVD. SUITE 200-16 POMPAN0 BEACH, FL 33069	Mailing Address 2700 WEST ATLANTIC BLVD. SUITE 200-16 POMPAN0 BEACH, FL 33069	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CARMONA, DANIEL 8711 SHADOW WOOD BLVD. CORAL SPRINGS, FL 33071		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u><i>Daniel Carmona</i></u> <span style="float: right;">4/29/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span>		
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARMONA, DANIEL 8711 SHADOW WOOD BLVD. CORAL SPRINGS, FL 33071	
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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, or on an attachment with an address, with all other like empowered.  SIGNATURE: <u><i>Daniel Carmona</i></u> <span style="float: right;">4/30/05 (954) 340-5200</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span></small>		



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0715192

Applied For  
Not Applicable

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

000000362361  
05/05/05-80113-013 150.00