

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90211 002 ***150.00

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04122006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000023946 1. Entity Name PHONE CARD USA, INC.			
Principal Place of Business 2421 N. 61 AVENUE HOLLYWOOD, FL 33024		Mailing Address 2421 N. 61 AVENUE HOLLYWOOD, FL 33024	
2. Principal Place of Business <i>7700 N.W. 23 ST</i> Suite, Apt. #, etc.		3. Mailing Address <i>7700 NW 23 ST.</i> Suite, Apt. #, etc.	
City & State <i>Pembroke Pines FL</i> Zip <i>33024</i> Country <i>US</i>		City & State <i>Pembroke Pines FL</i> Zip <i>33024</i> Country <i>US</i>	
4. FEI Number 65-1095516		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUNJU, ALI NOOR 2421 N. 61 AVENUE HOLLYWOOD, FL 33024		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>7700 N.W. 23 ST</i> City <i>Pembroke Pines</i> FL Zip Code <i>33024</i>	
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 <i>[Signature]</i> DATE <i>04-17-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNJU, ALI NOOR 2421 N. 61 AVENUE HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNJU, FATEMA 2421 N. 61 AVENUE HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i> <i>Ali Munju Pines.</i>		Date <i>04-17-06</i> Daytime Phone #	