


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M47150</b> 1. Entity Name A.A.A. PAYPHONE, INC.	
---	---

Principal Place of Business 2571 TIGERTAIL AVENUE MIAMI, FL 33133	Mailing Address 2571 TIGERTAIL AVENUE MIAMI, FL 33133
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2836257	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  KOHNER, DONALD G. 2571 TIGERTAIL AVENUE MIAMI, FL 33133
--

<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KOHNER, DONALD G 2571 TIGERTAIL AVENUE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOHNER, DAVID B 2571 TIGERTAIL AVENUE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

U00000722790  
05/02/07-80047-005 150.00

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.

<b>SIGNATURE:</b> <u><i>Donald G. Kohner</i></u> , <u>VICE PRES</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/20/07</u> <small>Date</small>	<u>305 858 2088</u> <small>Daytime Phone #</small>
--	---------------------------------------	---