
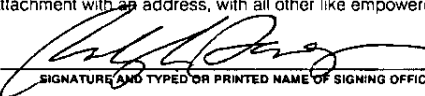


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90165 017 ***150.00

DOCUMENT # 437053						
1. Entity Name CALL SUPPLY, INC						
Principal Place of Business 3485 N W 71ST TERRACE MIAMI, FL 33147			Mailing Address 3485 N W 71ST TERRACE MIAMI, FL 33147			
2. Principal Place of Business - No P.O. Box # 7218 NW 78 TERR		3. Mailing Address 7218 NW 78 TERR				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082007 Chg-P CR2E034 (12/06)		
City & State MEDLEY FL		City & State MEDLEY FL		4. FEI Number 59-1486710		
Zip 33166		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BENEZRA, ESTHER 13242 VEDRA LAKE CIR. DELRAY BEACH, FL 33446			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating)						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 P	NAME BENEZRA, RALPH		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13242 VEDRA LAKE CIR.	CITY-ST-ZIP DELRAY BEACH, FL 33446			STREET ADDRESS	CITY-ST-ZIP	
TITLE S	NAME BENEZRA, ESTHER		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13242 VEDRA LAKE CIR	CITY-ST-ZIP DELRAY BEACH, FL 33446			STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	
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STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	
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: 				Date: 4/6/07 Daytime Phone #: 305884-5713		