

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90069 014 ***150.00

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01252005 Chg-P CR2E034 (10/03)

DOCUMENT # F01000005205			
1. Entity Name PHONE1GLOBALWIDE INC.			
Principal Place of Business 100 N. BISCAYNE BLVD. SUITE 2500 MIAMI, FL 33132		Mailing Address 100 N. BISCAYNE BLVD. SUITE 2500 MIAMI, FL 33132	
2. Principal Place of Business 100 NORTH BISCAYNE BLVD		3. Mailing Address 100 NORTH BISCAYNE BLVD	
Suite, Apt. #, etc. 12 FLOOR		Suite, Apt. #, etc. 12 FLOOR	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33132	Country	Zip 33132	Country
4. FEI Number 65-0669842		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD ECHEVERRY, DARIO 100 N. BISCAYNE BLVD., #250 MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, CEO ECHEVERRY, DARIO 100 NORTH BISCAYNE BLVD, 12 FLOOR MIAMI, FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPITZER, MICHAEL 9655 SOUTH DIXIE HIGHWAY 3RD FLOOR MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLER, FREDERIC 24 DUNSTAN ROAD LONDON NW 11 8AA ENGLAND, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NAQVI, SYED 100 N. BISCAYNE BLVD. MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO NAQVI, SYED 100 NORTH BISCAYNE BLVD, 12 FLOOR MIAMI, FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIORDANO, LOUIS 15950 W. DIXIE HWY MIAMI, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D GIORDANO, LOUIS 100 NORTH BISCAYNE BLVD, 12 FLOOR MIAMI, FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Syed Naqvi, CFO</u> 1/25/05 305-371-3300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			