


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002863 1. Entity Name VOIP ENTERPRISES INC.	
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Principal Place of Business 30-50 WHITESTONE EXPRESSWAY 4TH FL FLUSHING, NY 11354	Mailing Address 30-50 WHITESTONE EXPRESSWAY 4TH FL FLUSHING, NY 11354
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01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3589613	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD TAWFIK, SAM 30-50 WHITESTONE EXPRESSWAY 4TH FL FLUSHING, NY 11354
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BARLEY, DOUGLAS 30-50 WHITESTONE EXPRESSWAY 4TH FL FLUSHING, NY 11354
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04/15/05-80080-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05

Date

(718) 358-5390

Daytime Phone #