

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90303 044 ***158.75

DOCUMENT # F03000004893					
1. Entity Name AMERIPAGES, INC.					
Principal Place of Business 11900 BISCAYNE BLVD., SUITE 700 MIAMI, FL 33181			Mailing Address 11900 BISCAYNE BLVD., SUITE 700 MIAMI, FL 33181		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 33-0995047	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/>	
6. Name and Address of Current Registered Agent GAMBONE, DEBORAH 11900 BISCAYNE BLVD., SUITE 700 MIAMI, FL 33181				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, 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 P NAME RHODES, WILLIAM D JR. STREET ADDRESS 11900 BISCAYNE BLVD., SUITE 262 CITY-ST-ZIP MIAMI, FL 33181	<input type="checkbox"/> Delete		TITLE PCEO NAME RHODES, WILLIAM D. JR. STREET ADDRESS 11900 BISCAYNE BLVD. #700 CITY-ST-ZIP MIAMI, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME GAMBONE, DEBORAH STREET ADDRESS 11900 BISCAYNE BLVD., SUITE 262 CITY-ST-ZIP MIAMI, FL 33181	<input type="checkbox"/> Delete		TITLE SD NAME GAMBONE, DEBORAH STREET ADDRESS 11900 BISCAYNE BLVD. #700 CITY-ST-ZIP MIAMI, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE COO NAME BERMAN, HOWARD STREET ADDRESS 11900 BISCAYNE BLVD., STE. 262 CITY-ST-ZIP MIAMI, FL 33181	<input type="checkbox"/> Delete		TITLE COO NAME BERMAN, HOWARD STREET ADDRESS 11900 BISCAYNE BLVD. #700 CITY-ST-ZIP MIAMI, FL 33181	<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	
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	
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: <i>Deborah Gambone</i> DEBORAH GAMBONE SECRETARY 3/28/05 305-503-8600					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					