

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90045 042 \*\*\*158.75

<b>DOCUMENT # F03000004904</b> 1. Entity Name <b>EPIXTAR BPO SERVICES CORP.</b>					
Principal Place of Business <b>11900 BISCAYNE BLVD., SUITE 262 MIAMI, FL 33181</b>			Mailing Address <b>11900 BISCAYNE BLVD., SUITE 262 MIAMI, FL 33181</b>		
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 <b>01-0789552</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GAMBONE, DEBORAH 11900 BISCAYNE BLVD., SUITE 262 MIAMI, FL 33181</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>				DATE _____	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>RHODES, WILLIAM D JR.</b> <b>11900 BISCAYNE BLVD., SUITE 262</b> <b>MIAMI, FL 33181</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO <b>SROUR, DAVID</b> <b>11900 BISCAYNE BLVD., SUITE 262</b> <b>MIAMI, FL 33181</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>GAMBONE, DEBORAH</b> <b>11900 BISCAYNE BLVD., SUITE 262</b> <b>MIAMI, FL 33181</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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.					
<b>SIGNATURE: DEBORAH GAMBONE, SECRETARY</b> <i>Deborah Gambone</i> <b>4/13/04 (305)503-8600</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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