


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000005778</b> 1. Entity Name HOTLINE TELEPHONE SERVICE, INC.	
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Principal Place of Business 786 BROAD STREET NEWARK, NJ 07102	Mailing Address 786 BROAD STREET NEWARK, NJ 07102
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**DO NOT WRITE IN THIS SPACE**



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0795153	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAFRANI, ELI 786 BROAD STREET NEWARK, NJ 07102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZAFRANI, MITCHELL 786 BROAD STREET NEWARK, NJ 07102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZAFRANI, RENEE 786 BROAD STREET NEWARK, NJ 07102
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000286423  
04/05/05-80011-001 150.00

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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 all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	MITCHELL ZAFRANI Date: 3/31/05 Daytime Phone #: 972-642-2754
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