
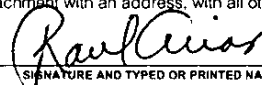


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90343 043 ***150.00

DOCUMENT #K74876 1. Entity Name PHONES, PHONES, PHONES, INC.					
Principal Place of Business 18149 N.E. 19TH AVENUE NORTH MIAMI BEACH, FL 33162			Mailing Address 18149 N.E. 19TH AVENUE NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business - No P.O. Box # 8121 NW 169 TERR		3. Mailing Address 8121 NW 169 TERR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI LAKES, FL		City & State MIAMI, LAKES, FL		4. FEI Number 65-0172311	
Zip 33016		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARIAS, RAUL 18149 N.E. 19TH AVENUE NORTH MIAMI BEACH, FL 33162				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 8121 NW 169 TERR MIAMI LAKES, FL City FL Zip Code 33016	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P ARIAS, RAUL 18149 NE 19TH AVE N MIAMI BCH, FL 33162	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARIAS, NORA 18149 NE 19TH AVE N. MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  (305) 944-1536					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					