2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L05000007325

Entity Name: PHONES 4 LESS, LLC

Current Principal Place of Business:

5707 N. 7TH STREET
MIAMI, FL 33126

New Principal Place of Business:

5707 N.W. 7TH STREET
MIAMI, FL 33126

Current Mailing Address:

5707 N. 7TH STREET
MIAMI, FL 33126

New Mailing Address:

5707 N.W 7TH STREET
MIAMI, FL 33126

FEI Number: 20-2243214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITHA, HABIB H
5707 N. 7TH STREET
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

MITHA, HABIB H
5707 N.W. 7TH STREET
MIAMI, FL 33126 US

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.

SIGNATURE: HABIB MITHA 04/28/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MITHA, HABIB H
Address: 5707 N. 7TH STREET
City-St-Zip: MIAMI, FL 33126

Title: MGRM ( ) Delete
Name: BAHADURALI, AMYNAH
Address: 5707 N. 7TH STREET
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MITHA, HABIB H
Address: 5707 N.W. 7TH STREET
City-St-Zip: MIAMI, FL 33126

Title: MGRM (X) Change ( ) Addition
Name: BAHADURALI, AMYNAH
Address: 5707 N.W 7TH STREET
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HABIB MITHA MGRM 04/28/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date