

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M18365

Entity Name: E-Z PHONE INC.

FILED  
Apr 20, 2004  
Secretary of State

## Current Principal Place of Business:

1401 W FLAGLER ST. #209  
CORAL GABLES, FL 33114

## New Principal Place of Business:

414 ARAGON AVENUE  
CORAL GABLES, FL 33134

## Current Mailing Address:

P.O. BOX 141341  
CORAL GABLES, FL 331141341

## New Mailing Address:

FEI Number: 59-2541635

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GASCA, HECTOR  
1401 W FLAGLER ST. #207  
MIAMI, FL 33135 US

## Name and Address of New Registered Agent:

GASCA, HECTOR  
414 ARAGON AVENUE  
CORAL GABLES, FL 33134 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: HECTOR GASCA

04/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: WRIGHT, LILLIAN R.,  
Address: 1401 W FLAGLER ST. #207  
City-St-Zip: MIAMI, FL

Title: ST ( ) Delete  
Name: GASCA, HILDA  
Address: 414 ARAGON AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: P ( ) Delete  
Name: GASCA, HECTOR,  
Address: 1401 W FLAGLER, STE.#207  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: WRIGHT, LILLIAN R  
Address: 414 ARAGON AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: ST (X) Change ( ) Addition  
Name: GASCA, HILDA P  
Address: 414 ARAGON AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: P (X) Change ( ) Addition  
Name: GASCA, HECTOR  
Address: 414 ARAGON AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR GASCA

P

04/20/2004

Electronic Signature of Signing Officer or Director

Date