2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # M47150 1. Entity Name A.A.A. PAYPHONE, INC. Principal Place of Business 7800 RED ROAD STE 125A SOUTH MIAMI, FL 33143 SOUTH MIAMI, FL 33143

FILED May 03, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

04282004 No Chg-P CR2E034 (10/03)

FEI Number		Applied For
<u>5</u> 9-2836257		Not Applicable
	<u> </u>	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

KOHNER, DONALD G. 7800 RED ROAD STE. 125A S MIAMI, FL 33143

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 Sunature typed or printed name of registered agent and title if applicable (NOTF Registered Agent signature required when reinstating) DATE						
FILE NOWIN FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.		ing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS				
TITLE Name Street address City - St - Zip	VT KOHNER, DONALD G 7800 RED RD., STE 125A SOUTH MIAMI, FL 33143				en la companya de	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	V KOHNER, DAVID B 7800 RED RD., STE 125A SOUTH MIAMI, FL 33143				्रास्तिक विक्रिक्त व्यवस्थान स्रोद्धिकितिसम्बन्धाः १६४म व्यवस्थानि । अपि	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
title Name Street Address City-St Zip				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS GITY - ST - ZIP						
12. Thereby 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						

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR