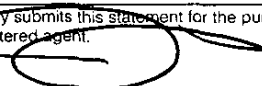
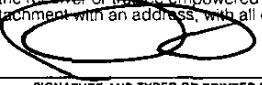


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90258 046 ***150.00

DOCUMENT # M50222 1. Entity Name SOUTHEAST PAY TELEPHONE, INC.					
Principal Place of Business 1393 SW 12 AVE POMPANO BEACH, FL 33069 US			Mailing Address 1393 SW 12 AVE POMPANO BEACH, FL 33069 US		
2. Principal Place of Business - No P.O. Box # 2173 N W 22nd Street Suite, Apt. #, etc.		3. Mailing Address 2173 N W 22nd Street Suite, Apt. #, etc.			
City & State Pompano Beach, FL		City & State Pompano Beach, FL		4. FEI Number 59-2810793	
Zip 33069		Country Broward		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIMONTE, JIM 1393 SW 12 AV POMPANO BEACH, FL 33069				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2173 N W 22nd Street City Pompano Beach FL Zip Code 33069	
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  Jim Bimonte - President 4-11-07 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 BIMONTE, JIM ☐ Delete 1393 SW 12 AV POMPANO BEACH, FL 33069		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 2173 N W 22nd Street Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BIMOMTE, JIM ☐ Delete 1393 SW 12 AV POMPANO BEACH, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 2173 N W 22nd Street Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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:  Jim Bimonte 4-11-07 (954) 977-6333 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					

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