2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 23, 2007 8:00 am
Secretary of State

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DOCUMENT # M50222

1. Entity Name
SOUTHEAST PAY TELEPHONE, INC.

Principal Place of Business	Mailing Address
1393 SW 12 AVE POMPANO BEACH, FL 33069 US	1393 SW 12 AVE POMPANO BEACH, FL 33069 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2173 N W 22nd Street	2173 N W 22nd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, FL	City & State: Pompano Beach, FL
Zip: 33069 Country: Broward	Zip: 33069 Country: Broward

4. FEI Number: 59-2810793 ☐ Applied For ☐ Not Applicable

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 1393 SW 12 AV POMPANO BEACH, FL 33069 ☐ Delete	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 1393 SW 12 AV POMPANO BEACH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2173 N W 22nd Street Pompano Beach, FL 33069
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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 Daytime Phone