

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003470

FILED
Apr 30, 2009
Secretary of State

Entity Name: CALL COMMUNICATIONS GROUP, INC.

Current Principal Place of Business:

8900 SW 68 ST
BLDG 4000, 2ND FLR
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 561832
MIAMI, FL 332561832 US

New Mailing Address:

FEI Number: 65-0517726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBINS, ROBERT J
8900 SW 68 ST
BLDG 4000, 2ND FLR
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBBINS, ROBERT J
Address: 8900 SW 68 BLDG 4000, 2ND FLR
City-St-Zip: MIAMI, FL 33157

Title: VD () Delete
Name: REYES, JUAN F
Address: 6614 SW 128TH CT
City-St-Zip: MIAMI, FL 33183

Title: TD () Delete
Name: HOFFMAN, SCOTT A
Address: 14693 64TH COURT NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: GOLOB, MARTIN D
Address: 8900 SW 68 ST BLDG 4000, 2ND FLR
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: PAPPAS, TIMOTHY
Address: 2121 SW 3RD AVE
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: RUMP, RICHARD
Address: 8400 SW 174 ST
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. ROBBINS

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date