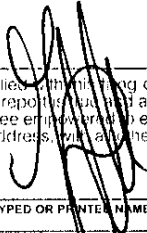


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90419 044 ***158.75

DOCUMENT # P02000073841			
1. Entity Name FONE ACCESS USA CORP.			
Principal Place of Business 5635 OAKMOUNT AVENUE FORT LAUDERDALE, FL 33312 US		Mailing Address 5635 OAKMOUNT AVENUE FORT LAUDERDALE, FL 33312 US	
2. Principal Place of Business No P.O. Box # 401 E Las Olas Blvd Suite, Apt #, etc. 1180 City & State Ft Lauderdale, FL Zip 33301 Country U.S.A.		3. Mailing Address 401 E Las Olas Blvd Suite, Apt #, etc. 1180 City & State Ft Lauderdale, FL Zip 33301 Country U.S.A.	
6. Name and Address of Current Registered Agent HOURI, DAVID 5035 OAKMONT AVE FORT LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name FRANK L DIAZ P.A. Street Address (P.O. Box Number is Not Acceptable) 3400 CORAL WAY, 6TH FL City MIAMI FL Zip Code 33145	
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 Frank Diaz DATE			
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	D HOURI, DAVID 5035 OAKMONT AVE FORT LAUDERDALE, FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 is true and correct and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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, and I am otherwise empowered.			
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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04192007 Chg-P CR2E034 (12/06)

4. FEI Number 11-3668338 ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required