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Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90419 044 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000073841

1. Entity Name
FONE ACCESS USA CORP.

4000JJ01

Principal Place of Business
5635 OAKMOUNT AVENUE
FORT LAUDERDALE, FL 33312 US

Mailing Address
5635 OAKMOUNT AVENUE
FORT LAUDERDALE, FL 33312 US

04192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
401 E Las Olas Blvd	401 E Las Olas Blvd
Suite, Apt #, etc. 1180	Suite, Apt #, etc. 1180
City & State Ft Lauderdale, FL	City & State Ft Lauderdale, FL
Zip 33301 Country U.S.A.	Zip 33301 Country U.S.A.

4. FEI Number 11-3668338 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOURI, DAVID		NAME	
STREET ADDRESS	5035 OAKMONT AVE		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #