
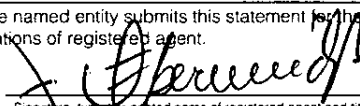
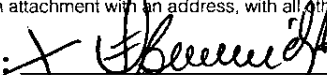


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90042 033 ***150.00

DOCUMENT # P03000012251 1. Entity Name NETPHONE COMMUNICATIONS, INC.					
Principal Place of Business 4422 NW 43RD STREET COCONUT CREEK FL 33073			Mailing Address 4422 NW 43RD STREET COCONUT CREEK FL 33073		
2. Principal Place of Business 16720 S.W. 140 Ave		3. Mailing Address Same -			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami		City & State 		4. FEI Number 03-0503421	
Zip 33177		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERMUDEZ, FERNANDO M 4422 NW 43RD STREET COCONUT CREEK FL 33073				7. Name and Address of New Registered Agent Name Fernando Bermudez Street Address (P.O. Box Number is Not Acceptable) 16720 S.W. 140 Ave City Miami FL Zip Code 33177	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PUTS D Fernando Bermudez 16720 S.W. 140 Ave Miami FL 33177 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/25/2004 (934) 724-4144 <small>Date Daytime Phone #</small>		



MOORE CR2E034 (11/03)