2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State
05-03-2004 90715 026 ***150.00

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DOCUMENT # P03000021352

1: Entity Name
LOWRATEPHONEINC.

66424574

03012004 Chg-P CR2E034(10/03)

Principal Place of Business	Mailing Address
8675 NW 53 STREET SUITE 122 MIAMI, FL 33166	8675 NW 53 STREET SUITE 122 MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
10773 N.W. 58 ST.	10773 N.W. 58 ST.
Suite, Apt. #, etc.: #326	Suite, Apt. #, etc.: #326
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33178-2801 Country:	Zip: 33178-2801 Country:

4. FEI Number: 412084490 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOTO,ORLANDO 8675NW53STREET,SUITE122 MIAMI,FL33166	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
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, 2004 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	PD SOTO,ORLANDO 8675NW53STREET,SUITE122 MIAMI,FL33166	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SOTO, ELIEZER 10773 N.W. 58 ST. #326 MIAMI, FL. 33178-2801	☐ Change ☒ Addition
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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: Orlando 04-02-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #