

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041758

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: ADVANCE TELECARD ALLIANCE, INC.

## Current Principal Place of Business:

5366 SW 33 WAY  
FT LAUDERDALE, FL 33312

## New Principal Place of Business:

3342 GRIFFIN RD  
FT LAUDERDALE, FL 33312

## Current Mailing Address:

5366 SW 33 WAY  
FT LAUDERDALE, FL 33312

## New Mailing Address:

3342 GRIFFIN RD  
FT LAUDERDALE, FL 33312

FEI Number: 14-1879801

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STOLZENBERG, KEITH H ESQ  
1101 BRICKELL AVE STE 1400  
MIAMI, FL 33131

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: EATON, MIGDALIA  
Address: 5366 SW 33 WAY  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: KRICHEVSKY, GENE  
Address: 2770 WALTERS AVE  
City-St-Zip: NORTHBROOK, IL 60062

Title: D ( ) Delete  
Name: BARBIER, SIMON  
Address: 2306 MAGNOLIA CT E  
City-St-Zip: BUFFALO GROVE, IL 60089

Title: D ( ) Delete  
Name: VILCHKOV, IRINA  
Address: 623 PORTSMOUTH PL  
City-St-Zip: WHEELING, IL 60090

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGDALIA EATON

D

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date