
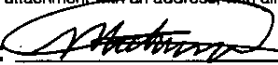


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000092054 1. Entity Name AUTOFONE COMMUNICATIONS SERVICES, INC.		
Principal Place of Business 13965 NW 22ND CT PEMBROKE PINES, FL 33028		Mailing Address 13965 NW 22ND CT PEMBROKE PINES, FL 33028
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TFRA, LLC 1250 EAST HALLANDALE BEACH BLVD SUITE 405 HALLANDALE BEACH, FL 33009		DO NOT WRITE IN THIS SPACE
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 _____ <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 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIBBERT, MICHAEL 18965 NW 22ND CT PEMBROKE PINES, FL 33028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHANCE, MICHAEL 1281 NW 185 TERRACE PEMBROKE PINES, FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHANCE, MICHELLE 1281 NW 185 TERRACE PEMBROKE PINES, FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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.  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8-28-07 <small>Date</small> <small>Daytime Phone #</small>



08282007 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1476259	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

UD00000773127
08/31/07-90001-024 150.00
DATE