## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

ANNUAL REPORT			Jan 17, 2000 00.00	
DOCUMENT # P04000029938		Secretary of Sta		
1. Entity Name				
PHONE IN A MINUTE, INC				
Principal Place of Business	Mailing Address		•	
3020 NW 7 AVE	3020 NW 7 AVE			
MIAMI, FL 33127	MIAMI, FL 33127			
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	b			
			01142008 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE		<b>ACE</b>	4. FEI Number Applied For	
		• .	20-0735213 Not Applicable	
• •		•	5. Certificate of Status Desired S8.75 Additional	
6. Name and Address of Current Re	reletered Agent		Fee Required	
o. Name and Address of Current Ki	gistered Agent	<del>-</del> , ,		
SANCHEZ, GERARDO			DO NOT WRITE	
2280 NW 4 ST MIAMI, FL 33125				
1 10 10 10 12 10 12 10 12 10 12 10 10 10 10 10 10 10 10 10 10 10 10 10			IN THIS SPACE	
			•	
8. The above named entity submits this statement for t	ne purpose of changing its regis	tered office or registe	red agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of registered agent.				
SIGNATURE				
- Signature, typed or printed name of registered agent and	tatle if applicable. (NOTE Regis	stered Agent signsture require	d when reinstating) DATE	
EN E-NOWILL EEE 19 \$450.00	9. Election Campaign Fi	nancing \$5	5.00 May Be	
FILE NOW!!! FEE IS \$150.00 - After May 1, 2008 Fee will be \$550.00	Trust Fund Contribution		ded to Fees	
10. OFFICERS AND D	RECTORS			
TITLE - PSD				
NAME SANCHEZ, GERARDO			•	
STREET ADDRESS   2280 NW 4 ST CITY-ST-ZIP   MIAMI, FL 33127				
			NOODOOTOAA	
TITLE NAME			000000787742 01/18/08-80012-016 150.00	
STREET ADDRESS			Tary toy ou poore ato 198:00	
CITY-ST-ZIP		,		
TITLE		•		
NAME OPPOSED				
STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE	
TIFLE		-	_	
NAME			IN THIS SPACE	
STREET ADDRESS		1	•	
CITY-ST-ZIP		,		
TITLE			•	
NAME				
STREET ADDRESS   CITY-SI-ZIP			$\mathbf{k}_{(\mathbf{n})}$	
1 200 20			· ·	

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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

1/14/08 (305)634-98 M