

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000061973

1. Entity Name
IPCALL2PHONE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -3 AM 7:40

Principal Place of Business
2500 E. HALLANDALE BEACH BLVD., SUITE 800
HALLANDALE, FL 33009

Mailing Address
2500 E. HALLANDALE BEACH BLVD., SUITE 800
HALLANDALE, FL 33009

03/17/06 90117 010 *1500



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03302006 Chg-P CR2E034 (11/05)

4. FEI Number
75-3207260
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DAVIS, RONALD L
1550 N.E. MIAMI GARDENS DRIVE
SUITE 200
NORTH MIAMI BEACH, FL 33179

7. Name and Address of New Registered Agent
Name
Ricardo J. Canal
Street Address (P.O. Box Number is Not Acceptable)
2500 E Hallandale Beach Blvd.
Suite 800
City
Hallandale Beach FL Zip Code
33009

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/30/06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
CANAL, RICARDO J
2500 E. HALLANDALE BEACH BLVD., SUITE 800
HALLANDALE, FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06
Date

954.455.5008
Daytime Phone #