


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000083341		
1. Entity Name 1800 DIAL COMMUNICATIONS INC.		
Principal Place of Business 907 SW 87TH AVE MIAMI, FL 33174	Mailing Address 907 SW 87TH AVE MIAMI, FL 33174	

FILED
Aug 08, 2008 08:00 AM
Secretary of State



07292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5083703	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FONSECA, ANNETTE
1101 DW 126TH PL
MIAMI, FL 33184

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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

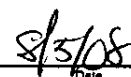
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FONSECA, ANNETTE 1101 DW 126TH PL MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FONSECA, MARTIN 1101 DW 126TH PL MIAMI, FL 33184
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08/08/08-80005-013 150.00

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IN THIS SPACE**

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


Date

Daytime Phone #