

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

04-28-2008 90318 004 ***150.00

DOCUMENT # P07000028762

1. Entity Name
TALK MORE WIRELESS FLORIDA, INC.



Principal Place of Business
7378 W ATLANTIC BLVD. #228
MARGATE, FL 33063

Mailing Address
7378 W ATLANTIC BLVD. #228
MARGATE, FL 33063

66012363



2. Principal Place of Business - No P.O. Box #

800 S. Andrews Ave.

Suite, Apt. #, etc.

202

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

3. Mailing Address

800 S. Andrews Ave.

Suite, Apt. #, etc.

202

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

03142008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-8511388

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960

7. Name and Address of New Registered Agent

Name: Debarl Business Development
Street Address (P.O. Box Number is Not Acceptable)

800 S. Andrews Ave. #202

City: Fort Lauderdale FL Zip: 33316

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] CFO

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

(NOTE: Registered Agent signature required when reinstating)

4/20/08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete
NAME: RALPH, JAMES
STREET ADDRESS: 7378 W ATLANTIC BLVD. #228
CITY-ST-ZIP: MARGATE, FL 33063

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D ☒ Change ☐ Addition
NAME: Ralph, James
STREET ADDRESS: 800 S. Andrews Ave #202
CITY-ST-ZIP: Fort Lauderdale, FL 33316

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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 reports 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/08

Date

(954) 302-7297

Daytime Phone #