2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State
04-04-2008 90030 023 ***150.00

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1. Entity Name
TELEPHONECARD SOLUTIONS CORP

Principal Place of Business	Mailing Address
10850 N.W. 21 STREET 170 MIAMI, FLORIDA 33172	10850 N.W. 21 STREET 170 MIAMI, FLORIDA 33172
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

L 66015830

03272008 Chg-P CR2E034 (12/08)

4. FEI Number 26-1743161 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUTIERREZ, ARMANDO ESQ.
85 SOLANO PRADO
CORAL GABLES, FL 33156

7. Name and Address of New Registered Agent

Name: JOSE R. RAMIREZ
Street Address (P.O. Box Number Is Not Acceptable): 185 S.E. 14 Terrace, Suite 2510
City: Miami FL Zip Code 33131

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 Jose R. Ramirez March 27, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GUTIERREZ, ARMANDO 85 SOLANO PRADO CORAL GABLES, FL 33156 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOSE R. RAMIREZ President 185 S.E. 14 Terrace, Suite 2510 Miami, Florida 33131 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY LILIANA BOHORQUEZ Secretary 185 S.E. 14 Terrace, Suite 2510 Miami, Florida 33131 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: Jose R. Ramirez 3-27-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #