


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90328 020 ***150.00

DOCUMENT # P93000038738	
1. Entity Name LONG DISTANCE COMMUNICATIONS, INC.	

Principal Place of Business 20281 E. COUNTRY CLUB DR. SUITE 2014 AVENTURA FL 33180 US	Mailing Address 2221 NE 164TH ST PMB 344 N MIAMI BEACH FL 33160 US
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14001331



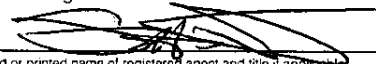
MOORE CR2E034 (11/03)

2. Principal Place of Business 16400 COLLINS Ave. Suite, Apt. #, etc. VILLA FIVE	3. Mailing Address Suite, Apt. #, etc.
City & State SUNNY ISLES BEACH	City & State
Zip FL	Country 33160

4. FEI Number 65-0423558	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional . Fee Required

6. Name and Address of Current Registered Agent PROCTOR, SCOTT 100 BAYVIEW DRIVE #2205 SUNNY ISLES BEACH FL 33160	
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7. Name and Address of New Registered Agent Name PROCTOR, SCOTT Street Address (P.O. Box Number is Not Acceptable) 16400 COLLINS AVENUE VILLA FIVE City SUNNY ISLES BEACH FL Zip Code 33160	
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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 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PROCTOR, SCOTT 20281 E. COUNTRY CLUB DR. AVENTURA FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SHER, CHARLES 20281 E. COUNTRY CLUB DR. AVENTURA FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16400 COLLINS Ave, VILLA FIVE SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16400 COLLINS Ave, VILLA FIVE SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE: 	04-06-04	305-944-8788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #