

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90382 009 ***150.00

DOCUMENT # P93000038738

1. Entity Name
LONG DISTANCE COMMUNICATIONS, INC.



Principal Place of Business
**16400 COLLINS AVE
VILLA FIVE
SUNNY ISLES BEACH, FL 33160 US**

Mailing Address
**2221 NE 164TH ST
PMB 344
N MIAMI BEACH, FL 33160 US**

50016168



2. Principal Place of Business
**16500 Collins Ave
Suite, Apt. #, etc.
#1455**

3. Mailing Address
Suite, Apt. #, etc.

City & State
Sunny Isles Beach, FL

City & State

Zip
33160

Country

Zip

Country

04202006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0423558

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**PROCTOR, SCOTT
16400 COLLINS AVE
VILLA FIVE
SUNNY ISLES BEACH, FL 33160**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
16500 COLLINS Avenue
City **Sunny Isles Beach** **FL** Zip Code **33160**

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)

DATE

04-19-06

**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 ☐ Delete
**PROCTOR, SCOTT
16400 COLLINS AVE., VILLA FIVE
NORTH MIAMI BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
**SHER, CHARLES
16400 COLLINS AVE., VILLA FIVE
SUNNY ISLES BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
**16500 Collins Ave
#1455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
**16500 Collins Ave.
#14500**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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 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 #

Pro.

04-19-06