2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2005 8:00 am Secretary of State

Same	DOCUMENT # P94000022116 1. Entity Name COMMUNICATIONS ADVANTAGE, INC.							01-12-2	005 90007 ()06 ***150	0.00
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City & State City & State City & State City & State 4. FEM washer 65-0476387 Registered Repolated FeE equipment Registered Repolated Received	2. Principal P	tace of Business	3. Mailing Address								
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Sircet Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	WEISS, LINDA				Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or privated ware of registered agent and site of applicable. MOTE Registered Agent signature required when revisiting) 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME ANTUNA, MANUEL ANTUNA, MANU	15869 SW 12 ST				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or privated ware of registered agent and site of applicable. MOTE Registered Agent signature required when revisiting) 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME ANTUNA, MANUEL ANTUNA, MANU					City					Zin Cod	
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12. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		and the that the information and the Late	b this filias does not a rall for			tod is C	otion 110 07/01/) Elocido Cr-	hitop 16 whare	netific that the ?	nformation

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.

SIGNATURE: Kinda Ween LINDA WEISS 10 JAN 05 305-718-120.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days Devire Phone :