


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90420 042 \*\*\*150.00

<b>DOCUMENT # P94000022116</b>			
1. Entity Name <b>COMMUNICATIONS ADVANTAGE, INC.</b>			
Principal Place of Business <b>8350 NW 52 TERR STE 203 MIAMI, FL 33166 US</b>		Mailing Address <b>P.O. BOX 695042 MIAMI, FL 33629</b>	
2. Principal Place of Business <b>15869 SW 12 ST</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>PEMBROKE PINES FL</b>		City & State	
Zip <b>33027-2245</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>WEISS, LINDA 15869 SW 12 ST PEMBROKE PINES, FL 33027</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____			
Signature (for current name of registered agent) and the last name (for new registered agent signature required when changing)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD ANTUNA, MANUEL 12000 N BAYSHORE DR # 402 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SD WEISS, LINDA 15869 SW 12 ST PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Linda Weiss</i> <b>LINDA WEISS, DIRECTOR 22 MARCH 06</b>		1-305-819-0444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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03212006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0476387** Applied For ☐ Not Applicable

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