

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 30, 2004 8:00 am
Secretary of State

09-30-2004 90011 039 ***150.00

DOCUMENT # P96000025453

1. Entity Name

TRACFONE WIRELESS, INC.



Principal Place of Business

8390 NW 25 STREET
MIAMI, FL 33122 US

Mailing Address

8390 NW 25 STREET
MIAMI, FL 33122 US

54073622



08062004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0655753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SALZMAN, RICHARD
8390 N.W. 25TH STREET
MIAMI, FL 33122

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEPD
POLLAK, FREDERICK J
8390 NW 25 STREET
MIAMI, FL 33122

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CFDT
BLANCO, GUSTAVO
8390 NW 25 STREET
MIAMI, FL 33122

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C
HAJJ ABOUMRAD, DANIEL
8390 NW 25 STREET
MIAMI, FL 33122

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GARCIA MORENO, CARLOS
8390 NW 25 STREET
MIAMI, FL 33122

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
SALZMAN, RICHARD B
8390 NW 25 STREET
MIAMI, FL 33122

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 14, 2004

TRACFONE WIRELESS, INC.
8390 NW 25 STREET
MIAMI, FL 33122 US

SUBJECT: TRACFONE WIRELESS, INC.

Ref. Number: P96000025453

We have received your document for TRACFONE WIRELESS, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

An officer or director must sign the report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 504A00054725