


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

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
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DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0655753	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SALZMAN, RICHARD 8390 N.W. 25TH STREET MIAMI, FL 33122
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000395114 01/26/06-80035-012 150.00
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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	

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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: Richard Salzman 1/17/06 (305) 640-2054  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #