## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000025453

Entity Name: TRACFONE WIRELESS, INC.

FILED May 16, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8390 NW 2 MIAMI, FL	25 STREET 33122 US				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
8390 NW 2 MIAMI, FL	25 STREET 33122 US				
FEI Number:	65-0655753	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
8390 N.W. MIAMI, FL	named entity s		urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	5E.				
0.014/ (101		ic Signature of Registered Age	nt	 Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEPD () POLLAK, FRED 8390 NW 25 ST MIAMI, FL 331	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFDT () BLANCO, GUST 8390 NW 25 ST MIAMI, FL 331:	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () JIMENEZ, ALES 8390 NW 25 ST MIAMI, FL 331:	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GARCIA MORE 8390 NW 25 ST MIAMI, FL 331:	REET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VS () SALZMAN, RICI 8390 NW 25 ST MIAMI, FL 331:	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD B SALZMAN VS 05/16/2007