



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000047182	
1. Entity Name LONG DISTANCE BROKERAGE SERVICES, INC.	

Principal Place of Business 700 NW 89 TERRACE PEMBROKE PINES, FL 33024	Mailing Address P.O. BOX 260051 PEMBROKE PINES, FL 33026
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DO NOT WRITE IN THIS SPACE

	
04092008	No Chg-P CR2E034 (11/05)
4. FEI Number 65-0759354	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JACOBSEN, MARTY 700 NW 89 TERRACE PEMBROKE PINES, FL 33024	DO NOT WRITE IN THIS SPACE
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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.

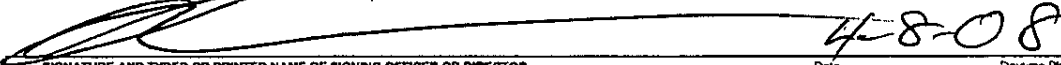
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSEN, MARTY 700 NW 89 TERRACE PEMBROKE PINES, FL 33024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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04/28/08-80011-004 163.75

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: 	Date <u>4-8-08</u>	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		