


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90095 032 \*\*\*150.00

<b>DOCUMENT # P98000007475</b>	
1. Entity Name <b>UNIVERSAL PHONE CARD, CORP.</b>	

Principal Place of Business <b>900 W. 49 ST SUITE 406 HIALEAH, FL 33012</b>	Mailing Address <b>900 W. 49 ST SUITE 406 HIALEAH, FL 33012</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03222006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0822478</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DUQUE, JOHN 900 W 49 ST SUITE 406 HIALEAH, FL 33012</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State <b>FL</b> 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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUQUE, JOHN</b>	NAME	
STREET ADDRESS	<b>1387 NW 165 AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33028</b>	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE LOS SANTOS, FRANKLIN</b>	NAME	
STREET ADDRESS	<b>15651 SW 112 WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANCHEZ, JULIAN</b>	NAME	
STREET ADDRESS	<b>8323 NW 195 TERRACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33015</b>	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, JULIAN</b>	NAME	
STREET ADDRESS	<b>8810 NW 189 TERRACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33018</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PORTILLO, JOSE O</b>	NAME	
STREET ADDRESS	<b>1339 71 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	<b>JOHN DUQUE PRESIDENT</b>	Date: <b>04/18/2006</b>	Daytime Phone #: <b>(305) 923-4774</b>
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