V Florion Doppnetnont

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000007475

1. Entity Name

UNIVERSAL PHONE CARD, CORP.



## FILED Apr 18, 2007 8:00 am Secretary of State

04-18-2007 90192 020 \*\*\*150.00

Principal Plac	e of Business	Mailing Address			AUUD	000+			
900 W. 49 S	Ī	900 W. 49 ST			4,000				
302 HIALEAH, FL	33012	302 Hialeah, Fl 33012		•	 				
3414	lace of Business - No P.O. Box #	3. Mailing Address 84	STYLL	T					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03212007	Chg-P	CR2	E034 (12/06)	
HOLOG	h Gdns, FL	Hialian Gdn	s, FL	,	4. FEI Numb				pplied For ot Applicable
3301	Country	33018	Country		5. Certificate	of Status Desired	<b>-</b>	\$8.75 Ad Fee Require	
	6. Name and Address of Current R	legistered Agent	1		7. Name and	Address of New	v Registere	d Agent	
DUQUE, J	OHN		Name				$\wedge$		
900 W 49	ST		Street A	ddress (	P.O. Box Numb	ar Isangai Acompta	ole) S	vito	102
SUITE 406 HIALEAH,				-/-		3/=3/		- <i>L</i> ,	
, ,,,			City	nla	20		F	L 2229	131P
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or	register	ed agent, or bo	th, in the State of	Florida. I a	m familiar with	, and accept
the obligat	ions of registered agent.	MONE -	Tohn G	> V &	NE		2/2-	102	
SIGNATURE	Signature, trippet or printed name of legistered agent ar	od title if applicable. (NOTE: R	eg/stered Agent signar/	7 1			7/4	707	
	Signature, group or printed rearies of egistered agent an	о шен аррасаоне. (NOTE: Н	egistered Agent signage	na Ledinied	when reinstating)	<del></del>		<u> </u>	
	- 11010011 10 0010 001	9. Election Campaign	. C'						
After M	E NOW!!! FEE IS \$150.00 $^{\prime\prime}$ ay 1, 2007 Fee will be \$550.0		· -	<b>\$5.</b> Add	00 May Be ed to Fees				
After M	ay 1, 2007 Fee will be \$550.0  OFFICERS AND D	Trust Fund Contrib	· -	\$5. Add	ed to Fees	CHANGES TO O	FFICERS A	ND DIRECTOR	RS IN 11
After M:	OFFICERS AND E	Trust Fund Contrib	ution.	\$5. Add	ed to Fees	CHANGES TO O	FFICERS A	ND DIRECTOR	RS IN 11
After Ma	OFFICERS AND E PD DUQUE, JOHN	Trust Fund Contrib	11. IITLE NAME	\$5. Add	ed to Fees	CHANGES TO O	FFICERS A		
After M:	OFFICERS AND E	Trust Fund Contrib	ution.	\$5. Add	ed to Fees	CHANGES TO O	FFICERS A		
10.  IIILE  NAME  STREET ADDRESS	OFFICERS AND E PD DUQUE, JOHN 1387 NW 165 AVE PEMBROKE PINES, FL 33028 VD	Trust Fund Contrib	11. IIILE NAME STREET ADDRESS	\$5. Add	ed to Fees	CHANGES TO O	FFICERS A		
10.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND E PD DUQUE, JOHN 1387 NW 165 AVE PEMBROKE PINES, FL 33028 VD DE LOS SANTOS, FRANKLIN	Trust Fund Contrib  DIRECTORS  Delete	T11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$5. Add	ed to Fees	CHANGES TO O	FFICERS A	☐ Change	Addition
10.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND E PD DUQUE, JOHN 1387 NW 165 AVE PEMBROKE PINES, FL 33028 VD	Trust Fund Contrib  DIRECTORS  Delete	T11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5. Addd	ed to Fees	CHANGES TO O	FFICERS A	☐ Change	Addition
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10.  IIILE MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND E PD DUQUE, JOHN 1387 NW 165 AVE PEMBROKE PINES, FL 33028 VD DE LOS SANTOS, FRANKLIN 155651 SW 112 WAY MIAMI, FL 33193 TD DAR, IRFAN 1898 NW 141 AVE.	Trust Fund Contrib  DIRECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	\$5. Addd	ed to Fees	CHANGES TO O	FFICERS A	☐ Change	Addition
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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 prie 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 pri trustee employered 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:

m Jugur

Toho DURYP

3/22/07(305)823-4774