

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000007475

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: UNIVERSAL PHONE CARD, CORP.

## Current Principal Place of Business:

3414 W 84 STREET  
102  
HIALEAH, FL 33018

## New Principal Place of Business:

## Current Mailing Address:

3414 W 84 STREET  
102  
HIALEAH, FL 33018

## New Mailing Address:

FEI Number: 65-0822478      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUQUE, JOHN  
3414 W 84 ST SUITE 102  
HIALEAH, FL 33018      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DUQUE, JOHN  
Address: 1387 NW 165 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VD ( ) Delete  
Name: DE LOS SANTOS, FRANKLIN  
Address: 155651 SW 112 WAY  
City-St-Zip: MIAMI, FL 33193

Title: TD ( ) Delete  
Name: DAR, IRFAN  
Address: 1898 NW 141 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN DUQUE

PD

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date