

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90004 007 ***158.75

DOCUMENT # P98000085927

1. Entity Name
RELIABLE TELECARD CORPORATION



Principal Place of Business
**1001 NW 163RD DRIVE
C/O ISSA ASAD
MIAMI, FL 33169**

Mailing Address
**1001 NW 163RD DRIVE
C/O ISSA ASAD
MIAMI, FL 33169**

50025111



08082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0871837

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ASAD, ISSA
1001 NW 163RD DRIVE
MIAMI, FL 33169**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
ISSA, ASAD
1001 NW 163RD DRIVE
MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

50025-111
#P9800085927

TO WHOM IT MAY CONCERN,

I SPOKE WITH A REPRESENTATIVE ON THE PHONE ON 8/08/06 AND ADVISED THEM THAT THESE ANNUAL REPORTS WERE PREVIOUSLY SENT IN USING ONE CHECK # 5738 BACK IN APRIL TO RENEW ALL CORPORATIONS. SHE TOLD ME THAT NONE WAS RECEIVED AND THAT IT COULD HAVE BEEN DUE TO THE CHECK. I WAS ADVISED BY THE REPRESENTATIVE TO RESEND ANNUAL REPORTS USING SEPARATE CHECKS FOR ALL AND THAT THE LATE FEE WOULD BE WAIVED. I APPRECIATE ANY HELP. IF THERE ARE ANY PROBLEMS PLEASE CALL ME AT 954-442-8448.

THANK YOU

NOHA ASAD