

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000042746

1. Entity Name
THE PHONE CARD WAREHOUSE, INC.



Principal Place of Business

13114 WILSHIRE RUN CT.
ORLANDO, FL 32828

Mailing Address

13114 WILSHIRE RUN CT.
ORLANDO, FL 32828



05072006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3581543

Applied For
Not Applied

5. Certificate of Status Desired ☐ \$6.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

3. Name and Address of Current Registered Agent

PATEL, KAUSHIKA P
13114 WILSHIRE RUN CT.
ORLANDO, FL 32828

**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 fee if applicable.

(NOTE: Registered Agent statement required when changing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$6.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PTSD
NAME PATEL, KAUSHIKA P
STREET ADDRESS 13114 WILSHIRE RUN CT
CITY-ST-ZIP ORLANDO, FL 32828

TITLE CEO
NAME PATEL, PRADIP
STREET ADDRESS 13114 WILSHIRE RUN CT
CITY-ST-ZIP ORLANDO, FL 32828

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000585162
05/20/06-80114-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 has 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/06
Date

407-579-5050
City/State/Phone #