

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000058162

1. Entity Name
PHONE NETWORK SYSTEMS, INC.



Principal Place of Business

8691 SW 137 AVE
MIAMI, FL 33183

Mailing Address

8691 SW 137 AVE
MIAMI, FL 33183

DO NOT WRITE IN THIS SPACE



07312006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0931375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYES, HUGO
8691 SW 137 AVE
MIAMI, FL 33183

**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

U00000573093
08/02/06-80002-004 150.00

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 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	P
NAME	REYES, HUGO
STREET ADDRESS	16239 SW 90 TERR
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	VP
NAME	REYES, SANDRA
STREET ADDRESS	8691 SW 137 AVE
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	VP
NAME	GONZALEZ, CARLOS R
STREET ADDRESS	747 NW 22ND COURT
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: *Sandra Reyes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-31-06 (305) 408-4409