2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000080487

1. Entity Name

J.C. PHONE CARDS, INC.



FILED Mar 25, 2004 08:00 AM Secretary of State

Principal Place of Business

1865 CAUSEWAY 79 STREET, SUITE 15-H

NORTH BAY VILLAGE MIAMI, FL 33141 Mailing Address

1865 CAUSEWAY 79 STREET, SUITE 15-H NORTH BAY VILLAGE

MIAMI, FL 33141



02172004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0947514 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARDONA, ESTHER J 1865 CAUSEWAY 79 STREET, SUITE 15-H NORTH BAY VILLAGE MIAMI, FL 33141

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registored agent and title if	f applicable. (NOTE, Rogistered	Agent signatur	required when roinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finantification. Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	7.27	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARDONA, ESTHER 1865 CAUSEWAY 79 STREET STE 15 MIAMI, FL 33141				Linconn	
TITLE NAME STREET AODRESS CITY-ST-ZIP		, de company de la company		U00000095827 03/25/04-80004-018 150.00		
TITLE NAME STREET ADDRESS CITY - ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

03/15/04 (305-864-9473)
Date Dayling Profes #