

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000080487

1. Entity Name
J.C. PHONE CARDS, INC.



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**

DO NOT WRITE IN THIS SPACE



02232006 No Chg-P CR2E034 (11/05)

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 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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000480316
04/10/06-80039-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CARDONA, ESTHER**
STREET ADDRESS **1865 CAUSEWAY 79 STREET STE 15**
CITY- ST- ZIP **MIAMI, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
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:

Esther Cardona **ESTHER CARDONA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/06 (305-864-9473)
Date Daytime Phone #