

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V04071**  
 1. Entity Name  
 1 - 2 CALL COURIER, INC.



Principal Place of Business      Mailing Address  
 1522 NE 4TH AVE      1522 NE 4TH AVE  
 FT LAUDERDALE, FL 33304 US      FT LAUDERDALE, FL 33304 US

**DO NOT WRITE IN THIS SPACE**



03242004    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0311869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 SANZERI, JOSEPH  
 2064 NE 21 COURT  
 WILTON MANORS, FL 33305

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

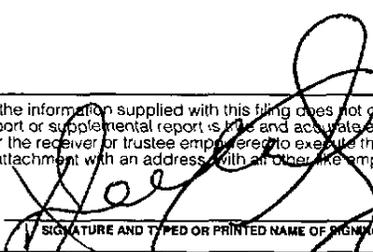
9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SANZERI, JOSEPH 2064 NE 21 COURT WILTON MANORS, FL 33305
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 04/02/04-80025-024 150.00

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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 an other like empowered

**SIGNATURE:**  **JOSEPH SANZERI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 PRESIDENT

Date: **3/29/04**      Daytime Phone #: **(954) 527-4444**