## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # F62398 1. Entity Name

6. Name and Address of Current Registered Agent

Principal Place of Business

CELLULAR TRADING CORP.

Mailing Address

7751 SW 62ND AVE SUITE 200

S MIAMI, FL 33143 US

7751 SW 62ND AVE SUITE 200

S MIAMI, FL 33143 US

## Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90325 002 \*\*\*158.75



04172008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2317690

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

ANDERSON, RICHARD P.

7751 SW 62ND AVE SUITE 200 S MIAMI, FL 33143

| DC | NOT  | WRITE        |
|----|------|--------------|
| IN | THIS | <b>SPACE</b> |

| the obligat                           | named entity submits this statement for the purpose of changing its registere ions of registered agent.   | ed office or re              | egistered agent, or bo                        | oth, in the State of Florida. I am familiar with   | n, and accept                 |
|---------------------------------------|---|------------------------------|---|--|-------------------------------|
| SIGNATURE_                            | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered   | : Agent signature            | required when reinstating)                    | OATE   |                               |
| FIL                                   | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 A Trust Fund Contribution.   | cing                         | \$5.00 May Be<br>Added to Fees                |  |                               |
| 10.                                   | OFFICERS AND DIRECTORS  |                              |   | ÷ ,  |                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P<br>ANDERSON, RICHARD P.<br>7751 SW 62ND AVE, SUITE 200<br>S MIAMI, FL 33143   | *                            |   |  |                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |                              |   |  |                               |
| 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 NAME STREET ADDRESS CITY-ST-ZIP |   |                              | *   |  |                               |
| 12. I hereby of indicated             | certify that the information supplied with this filing does not qualify for the exe<br>on this report or supplemental report is true and accurate and that my signati | mptions cor<br>ure shall hav | tained in Chapter 11<br>e the same legal effe | 9, Florida Statutes. I further certify that the act as if made under oath; that I am an office | information<br>er 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 attachmen with an address, with all other like empowered.