


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 23, 2004 8:00 am
Secretary of State

02-05-2004 90078 046 *5,000.00

DOCUMENT # L02000011627
 1. Entity Name
UNICELL WIRELESS GROUP, LLC



Principal Place of Business Mailing Address
 10005 NW 19 ST. 10005 NW 19 ST.
 MIAMI, FL 33172 MIAMI, FL 33172

34000624



2. Principal Place of Business 3. Mailing Address
1472 NW 78 Ave **1472 NW 78 Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01292004 Chg-LLC CR2E083 (10/03)

City & State City & State
Miami - FL **Miami - FL**
 Zip Country Zip Country
33126 **USA** **33126** **USA**

4. FEI Number Applied For
04-3693546 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVE., 2ND FLOOR
CORAL GABLES, FL 33134

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	MGR YIDIOS, TEOFILO 1472 N.W. 78TH AVE MIAMI, FL 33126		Managing Directors
			Union Caribe Celular S.A. Change <input checked="" type="checkbox"/> Addition Pie del Cerro, calle 30 # 18A-104 Custagena - Colombia

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Date Daytime Phone #