

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000091717**  
1. Entity Name  
**PH WIRELESS, INC.**



Principal Place of Business <b>3040 NW 72ND AVENUE MIAMI, FL 33122</b>	Mailing Address <b>3040 NW 72ND AVENUE MIAMI, FL 33122</b>
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**DO NOT WRITE IN THIS SPACE**



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1050724</b>	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  
**CORDOVA, ROJAS PASTOR  
3040 NW 72ND AVENUE  
MIAMI, FL 33122**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

U00000147029  
05/03/04-90099-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALLAN, MAURICE 3040 N.W. 72 AVE. MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MELENDEZ, MARIO 9350 N.W. FOUNTAIN BLEAU BLVD., #C-102 MIAMI, FL 33172
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	

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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 all other like empowered.

**SIGNATURE:** *Mario Melendez* **04/26/04** **(305) 593 5854**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #