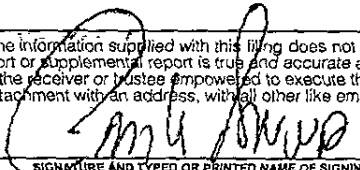


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000002111			
1. Entity Name TOP CELLULAR CORP.			
Principal Place of Business 245 SE 1ST ST., STE 235 MIAMI, FL 33131	Mailing Address 245 SE 1ST ST., STE 235 MIAMI, FL 33131		
DO NOT WRITE IN THIS SPACE			
		01132006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1066368	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MATAMOROS, WALTER J 245 SE 1ST ST., STE 235 MIAMI, FL 33131		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	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT MADEIRA MANNA, CARLOS E 245 SE 1ST ST., STE 235 MIAMI, FL 33131		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		000000391323 01/24/06-80038-004 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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: 		Date 1/17/06	Daytime Phone # 305-3794010