FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

05 APR 21 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000001120

1. Entity Name

Cellumar Communication, Corp.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-05 MRS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11180 W Flagler ST	same
Suite, Apt. #, etc.: STE 15	Suite, Apt. #, etc.:
City & State: Miami FL	City & State:
Zip: 33174 Country:	Zip: Country:

4. FEI Number: 26-0005441 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Myriam Carrascal

Street Address (P.O. Box Number is Not Acceptable): 8249 SW 149 CT Apt 201

City: Miami FL Zip Code: 33193

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: _____ 600054124776 05/10/05--01008--019 **450.00

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

January 1-May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Myriam Carrascal
STREET ADDRESS	8249 SW 149 CT Apt 201
CITY-ST-ZIP	Miami FL 33193
TITLE	VPSD
NAME	Yomenia Martinez
STREET ADDRESS	7112 SW 113 AVE
CITY-ST-ZIP	Miami FL 33173
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CITY-ST-ZIP	

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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ 450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year, 2003& 2004 or any other notice from the Division of Corporations in respect with the Corporation Cellumar Communication, Corp.

Thank you for your courtesy in this matter.

Myriam Carrascal
PRESIDENT