

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**


05-01-2003 90341 032 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

5/11

**DOCUMENT # P02000013624**

1. Entity Name  
**GOODSENSE WIRELESS & ELECTROONICS CORP.**



|  |  |
|--|--|
| Principal Place of Business<br>11865 SW 26TH STREET<br>#A-2 SUITE A-23<br>MIAMI FL 33175 | Mailing Address<br>11865 SW 26TH STREET<br>#A-2 SUITE A-23<br>MIAMI FL 33175 |
|--|--|

**55048722**



|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |

CHECK HERE IF MAKING CHANGES

|   |  |
|---|--|
| 4. FEI Number<br><b>16-1619242</b>                        | Applied For<br><input type="checkbox"/> 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                                    |  | 7. Name and Address of New Registered Agent   |  |
| <b>AROCHA, CARMEN</b><br>11865 SW 26TH STREET<br>#A-2 SUITE A-23<br>MIAMI FL 33175 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$550.00  
 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                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>AROCHA, PEDRO M</b><br>11865 SW 26TH STREET SUITE A-23<br>MIAMI FL 33175 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>AROCHA, CARMEN</b><br>11865 SW 26TH STREET SUITE A-23<br>MIAMI FL 33175 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:** *CARMEN AROCHA* **4-25-03** (305) 424-8722

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

CR2E034 (10/02)