

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131502

FILED  
Jan 06, 2004  
Secretary of State

**Entity Name:** CONTINENTAL WIRELESS SERVICES, INC.

**Current Principal Place of Business:**

2655 LEJEUNE RD., SUITE 804  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

7475 S.W. 8 STREET  
MIAMI, FL 33144

**Current Mailing Address:**

2655 LEJEUNE RD., SUITE 804  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-0396292      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KATES, LESTER G ESQ.  
2655 LEJEUNE RD., SUITE 804  
CORAL GABLES, FL 33134

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PEREZ-SOLIS, GALO  
Address: 6301 SW 89TH PL.  
City-St-Zip: MIAMI, FL 33173

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: PEREZ-SOLIS, GALO  
Address: 7475 S.W. 8 STREET  
City-St-Zip: MIAMI, FL 33144

Title: VT ( ) Change (X) Addition  
Name: PEREZ-VINING, GABRIEL  
Address: 7475 S.W. 8 STREET  
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALO PEREZ-SOLIS

DPS

01/06/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date