

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140724

Entity Name: 360 WIRELESS CORP.

FILED
Mar 04, 2005
Secretary of State

Current Principal Place of Business:

1389 SOUTHWEST 22 TERRACE
MIAMI, FL 33145

New Principal Place of Business:

12815 SW 42ND ST
MIAMI, FL 33175

Current Mailing Address:

1389 SOUTHWEST 22 TERRACE
MIAMI, FL 33145

New Mailing Address:

12815 SW 42ND ST
MIAMI, FL 33175

FEI Number: 26-0098070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FERIA, MICHAEL
1389 SOUTHWEST 22 TERRACE
MIAMI, FL 33145 US

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: P () Delete
Name: FERIA, MICHAEL
Address: 1389 SOUTHWEST 22 TERRACE
City-St-Zip: MIAMI, FL 33145

Title: VP (X) Delete
Name: GARCIA, MARCOS T
Address: 8089 NORTHWEST 8 STREET APT#4
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL FERIA

P

03/04/2005

Electronic Signature of Signing Officer or Director

_____ Date