

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154457

Entity Name: NEXTEL CORPORATION

FILED  
Apr 11, 2005  
Secretary of State

**Current Principal Place of Business:**

14124 NW 27TH AVENUE  
MIAMI, FL 33054

**New Principal Place of Business:**

16162 NW 27TH AVENUE  
MIAMI, FL 33054

**Current Mailing Address:**

P.O. BOX 297262  
MIRAMAR, FL 33029

**New Mailing Address:**

16162 NW 27TH AVENUE  
MIAMI, FL 33054

FEI Number: 20-1893017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SIMMONS, JULIANA H O  
17934 SW 35TH STREET  
MIRAMAR, FL 33029 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: SIMMONS, JULIANA H O  
Address: 17934 SW 35TH STREET  
City-St-Zip: MIRAMAR, FL 33029

Title: V ( ) Delete  
Name: MAKINDE, ADESOLA  
Address: 17934 SW 35TH STREET  
City-St-Zip: MIRAMAR, FL 33029

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

Title: P (X) Change ( ) Addition  
Name: MAKINDE, ADESOLA  
Address: 17934 SW 35TH STREET  
City-St-Zip: MIRAMAR, FL 33029

Title: V (X) Change ( ) Addition  
Name: JULIANA H, SIMMONS O  
Address: 17934 SW 35TH STREET  
City-St-Zip: MIRAMAR, FL 33029

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: ADESOLA MAKINDE

P

04/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date