


2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90057 027 \*\*\*150.00

**DOCUMENT # P06000127753**

1. Entity Name  
**BCC WIRELESS, INC.**



Principal Place of Business  
**2601 S ORANGE TRAIL  
 ORLANDO, FL 32801**

Mailing Address  
**2601 S ORANGE TRAIL  
 ORLANDO, FL 32801**

**20007540**

2. Principal Place of Business - No P.O. Box #  
**2601 S. Orange Avenue**

3. Mailing Address  
**2601 S. Orange Avenue**

Suite, Apt. #, etc.



03132007 Chg-P CR2E034 (12/06)

City & State  
**Orlando, FL**

City & State  
**Orlando, FL.**

Zip  
**32801**

Country

4. FEI Number  
**20-5669657**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAWLA, SUNDEEP B  
 2601 S ORANGE TRAIL  
 ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name  
**Joseph Castro**

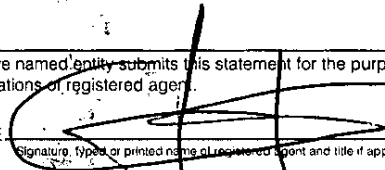
Street Address (P.O. Box Number is Not Acceptable)  
**2601 S. Orange Avenue**

City  
**Orlando**

State  
**FL**

Zip Code  
**32801**

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: **3/15/07**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAWLA, SUNDEEP B 2601 S ORANGE TRAIL ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTRO, JOSEPH 2601 S ORANGE TRAIL ORLANDO, FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIDWANI, SUSHIL 2601 S ORANGE TRAIL ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOSEFINA, JUDITH 2601 S ORANGE TRAIL ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice - President DALMACCI, RICCARDO 2601 S. Orange Avenue Orlando, FL. 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Castro, Joseph 2601 S. Orange Avenue Orlando, FL. 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Campos, Veronica 2601 S. Orange Avenue Orlando, FL. 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary AMILCAR JOSE Balestrini 2601 S. Orange Avenue Orlando, FL. 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3/15/07**

Daytime Phone #