## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P94000070078

Entity Name

WIRELESS TELECOMMUNICATION CENTER INC.



Principal Place of Business

9400 W. FLAGLER ST.

APT. 108

MIAMI, FL 33174 US

Mailing Address

9400 W. FLAGLER ST.

APT. 108

MIAMI, FL 33174 US

FILED Apr 12, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE 04092004

 
 04092004
 No Chg-P
 CR2E034 (10/03)

 4. FEI Number 65-0522857
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAHN, DONALD J ESQ. 627 71 STREET MIAMI BEACH, FL 33141

## DO NOT WRITE IN THIS SPACE

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					
Signature, typed or printed name of registered agent and title if epplicabla (NOTE Registered Ag				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Finance Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT TEKPINAR, HASAN H 12820 S.W. 8TH ST. MIAMI, FL 33174	i			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS TEKPINAR, ARMINDA Y 12820 S.W. 8TH ST. MIAMI, FL 33174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP					

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-2004 305-553 8797