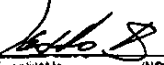
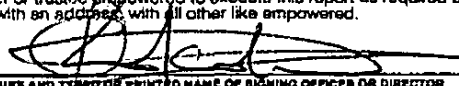


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000013415			
1. Entity Name WIRELESS TRADE GROUP OF AMERICA, INC.			
Principal Place of Business 3521 NW 115 AVE MIAMI, FL 33178-1855		Mailing Address 3521 NW 115 AVE MIAMI, FL 33178-1855	
2. Principal Place of Business 1390 Brickell Avenue Suite, Apt. #, etc. Suite 200 City & State Miami, FL Zip 33131		3. Mailing Address 1390 Brickell Avenue Suite, Apt. #, etc. Suite 200 City & State Miami, FL Zip 33131	
Country US		Country US	
6. Name and Address of Current Registered Agent RUEDA, MARGOTH 3521 NW 115 AVE MIAMI, FL 33178-1855		7. Name and Address of New Registered Agent Name Alvaro Castillo B., P.A. Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue, Suite 200 City Miami FL Zip Code 33131	
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 applicable.		DATE 1-31-06 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUEDA, MARGOTH 3521 NW 115 AVE MIAMI, FL 331781855 ☒ Delete	TITLE D/P NAME T/S STREET ADDRESS CITY-ST-ZIP	Rowland Okotore 1390 Brickell Avenue, Suite 200 Miami, FL 33131 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 1-31-06 (305) 371-5540 Daytime Phone #	

FILED

06 FEB 20 PM 2:49

SECRETARY OF STATE
REINSTATEMENT 05-06

01192006 REIN-P CR2E098 (11/05)

4. FEI Number 20-4134054 Applied For Not Applicable

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

RUEDA, MARGOTH
3521 NW 115 AVE
MIAMI, FL 33178-1855

Alvaro Castillo B., P.A.

Street Address (P.O. Box Number is Not Acceptable)

1390 Brickell Avenue, Suite 200

City Miami FL Zip Code 33131

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME RUEDA, MARGOTH
STREET ADDRESS 3521 NW 115 AVE
CITY-ST-ZIP MIAMI, FL 331781855
☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P
NAME T/S
STREET ADDRESS
CITY-ST-ZIP
Rowland Okotore
1390 Brickell Avenue, Suite 200
Miami, FL 33131
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200066257332
02/21/06--01019--005 **\$300.00
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

1-31-06

(305) 371-5540

Date

Daytime Phone #