


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90073 015 \*\*\*150.00

<b>DOCUMENT # F00000006981</b> 1. Entity Name BRIGHTPOINT LATIN AMERICA, INC.	
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Principal Place of Business 2601 METROPOLIS PKWY #210 PLAINFIELD, IN 46168	Mailing Address 2601 METROPOLIS PKWY #210 PLAINFIELD, IN 46168
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**DO NOT WRITE IN THIS SPACE**

01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 35-2030501	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVPS FIVEL, STEVEN E 2601 METROPOLIS PKWY #210 PLAINFIELD, IN 46168
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D/P HOWELL, J. MARK 2601 METROPOLIS PKWY #21 PLAINFIELD, IN 46168
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DCCO LAIKIN, ROBERT J 2601 METROPOLIS PKWY #210 PLAINFIELD, IN 46168
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DCFO BOOR, ANTHONY W 2601 METROPOLIS PKWY #210 PLAINFIELD, IN 46168
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **Steven E. Fivel** 2/6/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #