2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004963

Address:

City-St-Zip:

PO BOX 3509

MATTHEWS, NC 28106

Entity Name: CAROLINA CELLULAR SALES INC

FILED Apr 10, 2009 Secretary of State

Entity Nar	ne: CAROLINA	A CELLULAR SALES INC.					
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
2730 PROSPERITY AVENUE			2730 PRO	2730 PROSPERITY AVENUE			
FAIRFAX,	VA 22031 U	S	150 FAIRFAX,	VA 22031	US		
Current M	ailing Address	::	New Maili	New Mailing Address:			
РО ВОХ 3		US		SPERITY AV	/ENUE		
MATTHEV	VS, NC 28106		150 FAIRFAX, VA 22031		US		
FEI Number:	57-1032183	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
PLANTATI The above	NELAND ROAD ON, FL 33324 named entity si	US	urpose of changing i	ts registered	d office or registered agent, or bot	th,	
	e of Florida. 						
SIGNATUR		c Signature of Registered Age	nt		 Date	_	
Election Car		Trust Fund Contribution ().	HIL		Date		
	S AND DIRECT	.,	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title:	P ()I	Delete	Title:	Р	(X) Change () Addition		
Name: Address: City-St-Zip:	QURESHI, ROBE 2730 PROSPER FAIRFAX, VA 22	ITY AVENUE, SUITE 150	Name: Address: City-St-Zip:	QURESHI, R 2730 PROSI FAIRFAX, V	PERITY AVENUE, SUITE 150		
Title:	, ,	Delete	Title:		(X) Change () Addition		
Name: Address: City-St-Zip:	QURESHI, STEV 2730 PROPSPE FAIRFAX, VA 22	RITY AVENUE, SUITE 150	Name: Address: City-St-Zip:	CHING, HEN 2730 PROPS FAIRFAX, V	SPERITY AVENUE, SUITE 150		
Title: Name:	D (X) WEATHERMAN,	Delete CINDY	Title: Name:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: ROBERT QURESHI P 04/10/2009