


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90014 018 ***150.00

DOCUMENT # F0600000885
 1. Entity Name
 TELEPLUS WIRELESS CORP.



Principal Place of Business Mailing Address
 6101 BLUE LAGOON DR. SUITE 450 6101 BLUE LAGOON DR. SUITE 450
 MIAMI, FL 33126 MIAMI, FL 33126

40110083



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 4960 NW 165TH STREET 4960 NW 165TH STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 UNIT B24 UNIT B24

07082008 Chg-P CR2E034 (12/06)

City & State City & State
 MIAMI LAKES Florida MIAMI LAKES Florida
 Zip Country Zip Country
 33014 US 33014 US

4. FEI Number Applied For
 98-0433140 Not Applicable

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

6. Name and Address of Current Registered Agent
 SILVASAN, MARIUS
 6101 BLUE LAGOON DRIVE
 STE 450
 MIAMI, FL 33126

7. Name and Address of New Registered Agent
 Name MARIUS SILVASAN
 Street Address (P.O. Box Number is Not Acceptable)
 4960 NW 165TH STREET
 UNIT B24
 City MIAMI LAKES FL Zip Code 33014

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 MARIUS SILVASAN
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVASAN, MARIUS 35 DES JONES 4960 NW 165 TH STREET EUAL H7 X4H2 UNIT B24 MIAMI LAKES FL 33014	<input 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
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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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Daytime Phone #