2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007
Secretary of State

DOCUMENT# L05000043092

Entity Name: DINO CELLULAR LLC

Current Principal Place of Business:

8330 N. FLORIDA AVE
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

P.O BOX 1422
LUTZ, FL 33548

New Mailing Address:

FEI Number: 20-2783530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JIHADI, HICHAM
8330 N. FLORIDA AVE
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	JIHADI, HICHAM	
Address:	P.O BOX 1422	
City-St-Zip:	LUTZ, FL 33548	
Title:	MGR	( ) Delete
Name:	JIHADI, NOURDDINE	
Address:	P.O BOX 1422	
City-St-Zip:	LUTZ, FL 33548	
Title:	MGR	( ) Delete
Name:	JIHADI, L'KHAMAR	
Address:	P.O BOX 1422	
City-St-Zip:	LUTZ, FL 33548	
Title:	MGR	( ) Delete
Name:	FATMA, FLIHI	
Address:	P.O BOX 1422	
City-St-Zip:	LUTZ, FL 33548	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HICHAM JIHADI MGRM 02/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date