


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90021 020 \*\*\*138.75

**DOCUMENT # L07000021560**

1. Entity Name  
**INFINITI WIRELESS LLC**



Principal Place of Business      Mailing Address  
 22620 ROYAL RIDGE CT      22620 ROYAL RIDGE CT  
 LUTZ, FL 33549      LUTZ, FL 33549

**60038281**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04292008    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
**20-8522163**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 NASSIEF, NAME  
 22620 ROYAL RIDGE CT  
 LUTZ, FL 33549

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \$138.75</b> After May 1, 2008 Fee will be \$538.75	<b>Make check payable to</b> <b>Florida Department of State</b>
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**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	NASSIEF, NAME	22620 ROYAL RIDGE CT	LUTZ, FL 33549	<input type="checkbox"/>
MGR	ELQADAH, AHMED	8317 SHELDON ROAD	TAMPA, FL 33615	<input type="checkbox"/>
MGRM	TAVERAS, FERNANDO	4840 HERON POINTE DR - # 908	TAMPA, FL 33616	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my 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:** *Russ Nassief*      4/28/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #