


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000026754 1. Entry Name WIRELESS 1 OF SOUTH FLORIDA, INC.	
---	---

Principal Place of Business 633 E ATLANTIC BLVD POMPANO BEACH, FL 33060	Mailing Address 633 E ATLANTIC BLVD POMPANO BEACH, FL 33060
---	---

DO NOT WRITE IN THIS SPACE




01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0990571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARMELI, VINCENT 633 E. ATLANTIC BLVD. POMPANO BEACH, FL 33060
--

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 <u>Vincent ARMELI</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	 <small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>1/29/04</u>
--	---	---------------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000096353 03/25/04-80026-011 158.75
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LANDIS, JUDITH A 2200 NE 48 ST LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ARMELI, VINCENT 2350 W OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHELTON, JULIE 8603 RYOTE RD. LAKE IN THE HILLS, IL 60102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/29/04</u>	Daytime Phone #
---	---------------------	-----------------