


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90337 018 ***150.00

DOCUMENT # P00000076217 1. Entity Name WIRELESS TELECOM GROUP OF TAMPA, INC.					
Principal Place of Business 10049 N DALE MABRY TAMPA, FL 33618			Mailing Address 12233-A DIXIE HWY MIAMI, FL 33156		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1029385	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOPEZ, CARLOS 42 SW 134 CT MIAMI, FL 33184				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 _____					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ZABIELINSKY, ALAN 18495 S DIXIE HWY, PMB 315 MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ZABIELINKI, ALLAN 18495 S. DIXIE HWY. PMB 112 PALMETTO BAY, FL. 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LOPEZ, CARLOS E 42 SW 134TH CT MIAMI, FL 33184		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>allan zabielinski as President</i> 4/27/04 305-2591955 <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					