

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # P00000114885

1. Entity Name  
WIRELESS US, INC.



FILED

05 MAY -5 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4013 N ARMENIA AVE  
TAMPA, FL 33607

Mailing Address  
4013 N ARMENIA AVE  
TAMPA, FL 33607



04232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3697371

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HONG, CHOON JIP  
4013 N ARMENIA AVE  
TAMPA, FL 33607

**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

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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
HONG, CHOON JIP  
4013 N ARMENIA AVE  
TAMPA, FL 33607

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

600054529116  
05/13/05--01066--011 \*\*200.00

**DO NOT WRITE  
IN THIS SPACE**

*Handwritten signature/initials*

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:

*Choon Jip Hong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #