
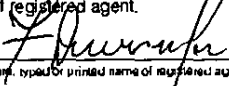
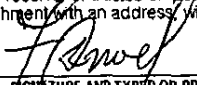


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91871 011 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

| | | | |
|--|---|---|---|
| DOCUMENT # P01000036363 | |  | |
| 1. Entity Name KF WIRELESS, CORP. | | | |
| Principal Place of Business 1840 WEST 49TH STREET, SUITE 728 HIALEAH, FL 33012 | | Mailing Address 1840 WEST 49TH STREET, SUITE 728 HIALEAH, FL 33012 | |
| 2. Principal Place of Business 2232 W. 74 ST | | 3. Mailing Address 2232 W. 74 ST | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State HIALEAH, FLORIDA | | City & State HIALEAH, FLORIDA | |
| 4. FEI Number 94-3395429 | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent E & V GREAT PROFESSIONAL, INC. 6545 S.W. 8 STREET SUITE 107 MIAMI, FL 33134 | | 7. Name and Address of New Registered Agent Name SCOVINO, FRANCISCO Street Address (P.O. Box Number Is Not Acceptable) 2232 W. 74 ST City HIALEAH FL Zip Code 33016 | |
| 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  DATE 4-29-03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOV 11 - FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | 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 | PD SCOVINO, FRANCISCO 1840 WEST 49TH STREET, SUITE 728 HIALEAH, FL 33012 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCOVINO, FRANCISCO 2232 W. 74 ST HIALEAH, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD NOVOA, KATHIUSKA 1840 WEST 49TH STREET, SUITE 728 HIALEAH, FL 33012 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD NOVOA, KATHIUSKA 2232 W. 74 ST HIALEAH, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  DATE 4-29-03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |

CR2EC034 (10/02)