

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049478

FILED  
Apr 21, 2004  
Secretary of State

Entity Name: CELLULAR OUTLET OF AMERICA INC

**Current Principal Place of Business:**

1700 US HWY 19 N  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

11163 129TH AVE  
LARGO, FL 33778

**New Mailing Address:**

FEI Number: 59-3718692

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GASSEM, JALAL A  
7700 US HWY 19 N  
PINELLAS PARK, FL 33781 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GASSEM, JALAL A  
Address: 11163 129TH AVE N  
City-St-Zip: LARGO, FL 33778

Title: V ( ) Delete  
Name: MAY, JUSTEN D.  
Address: 7700 US HIGHWAY 19 NORTH  
City-St-Zip: PINELLAS PARK, FL 33871

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JALAL GASSEM

P

04/21/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date