
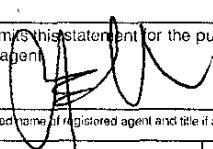
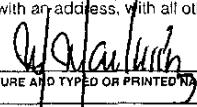


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90206 006 \*\*\*150.00

<b>DOCUMENT # P01000061038</b> 1. Entity Name <b>NEXTCELL, CORP.</b>					
Principal Place of Business <b>7290 WESTON ROAD SUITE 306 WESTON, FL 33326 US</b>			Mailing Address <b>18620 SOUTH POST ROAD APT. 102 WESTON, FL 33331 US</b>		
2. Principal Place of Business <b>3708 SAN SIMEON CIRCLE</b> Suite, Apt. #, etc.			3. Mailing Address <b>3708 SAN SIMEON CR.</b> Suite, Apt. #, etc.		
City & State <b>WESTON, FL 33331</b> Zip <b>33331</b>		City & State <b>WESTON, FL 33331</b> Zip <b>33331</b>		4. FEI Number <b>03-0389217</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MAZZA-MARTINEZ, TANIA 782 NW 42 AVE STE 637 MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name <b>ANDRES BONILLA</b> Street Address (P.O. Box Number is Not Acceptable) <b>3708 SAN SIMEON CIRCLE</b> City <b>WESTON</b> <b>FL</b> Zip Code <b>33331</b>	
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: <b>4/5/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BONILLA, CESAR A 782 NW 42 AVE STE 637 MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BONILLA, CESAR A 3708 SAN SIMEON CR WESTON FL 33331
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM BONILLA, ANDRES M 782 NW 42 AVE STE 637 MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM BONILLA, ANDRES M 3708 SAN SIMEON CR WESTON FL 33331
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA MARTINEZ, MARTHA J 782 NW 42 AVE STE 637 MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA MARTINEZ, MARTHA J 3708 SAN SIMEON CR WESTON FL 33331
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
		<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:  <b>Andres M. Bonilla</b> <b>4-5-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**54039045**



04052004 Chg-P CR2E034 (10/03)