

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000061038

1. Entity Name
NEXTCELL, CORP.



Principal Place of Business
3708 SAN SIMEON CIR
WESTON, FL 33331 US

Mailing Address
3708 SAN SIMEON CIR
WESTON, FL 33331 US



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0389217

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BONILLA, ANDRES
3708 SAN SIMEON CIR
WESTON, FL 33331

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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	DP
NAME	BONILLA, CESAR A
STREET ADDRESS	3708 SAN SIMEON CIR
CITY-ST-ZIP	WESTON, FL 33331
TITLE	DM
NAME	BONILLA, ANDRES M
STREET ADDRESS	3708 SAN SIMEON CIR
CITY-ST-ZIP	WESTON, FL 33331
TITLE	DA
NAME	MARTINEZ, MARTHA J
STREET ADDRESS	3708 SAN SIMEON CIR
CITY-ST-ZIP	WESTON, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/05-80047-024 150.00

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IN THIS SPACE**

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: Martha J. Martinez 4-15-05 205-470-9583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #