

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 07, 2007 8:00 am  
Secretary of State**

05-07-2007 90056 033 \*\*\*150.00

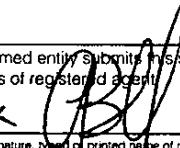
DOCUMENT # P01000061038		
1. Entity Name NEXTCELL, CORP.		

Principal Place of Business 3708 SAN SIMEON CIR WESTON, FL 33331 US	Mailing Address 3708 SAN SIMEON CIR WESTON, FL 33331 US
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2. Principal Place of Business - No P.O. Box # 3120 West 84 st	3. Mailing Address 3120 W 84 st
Suite, Apt. #, etc. 1	Suite, Apt. #, etc. 1

City & State Hialeah, FL 33018	City & State Hialeah FL
Zip 33018	Country USA
Zip 33018	Country USA

6. Name and Address of Current Registered Agent	
BONILLA, ANDRES 3708 SAN SIMEON CIR WESTON, FL 33331	

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 	Andres Bonilla President 4-20-07
Signature, typed or printed name of registered agent and title if applicable.	

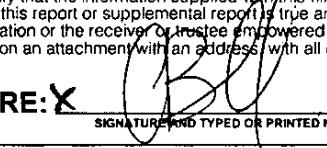
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP NAME BONILLA, CESAR A STREET ADDRESS 3708 SAN SIMEON CIR CITY-ST-ZIP WESTON, FL 33331	<input type="checkbox"/> Delete	TITLE DP NAME Bonilla, Cesar A STREET ADDRESS 3120 W 84 st ste 1 CITY-ST-ZIP Hialeah, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DM NAME BONILLA, ANDRES M STREET ADDRESS 3708 SAN SIMEON CIR CITY-ST-ZIP WESTON, FL 33331	<input type="checkbox"/> Delete	TITLE DM NAME Bonilla Andres M STREET ADDRESS 3120 W 84 st ste 1 CITY-ST-ZIP Hialeah, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DA NAME MARTINEZ, MARTHA J STREET ADDRESS 3708 SAN SIMEON CIR CITY-ST-ZIP WESTON, FL 33331	<input type="checkbox"/> Delete	TITLE DA NAME Martinez Martha J STREET ADDRESS 3120 W 84 st ste 1 CITY-ST-ZIP Hialeah FL 33018	<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
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
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 exemptions contained in Chapter 119, 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.			
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SIGNATURE: 	Andres Bonilla Pres. 4-20-07 305-817-1450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	
Daytime Phone #	