

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

DOCUMENT # P01000062928

1. Entity Name

Trust Wireless, Inc.



FILED
05 JAN -6 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15414 NW 77 Ct.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

City & State

Zip

33016

Country

Zip

Country

REINSTATEMENT 02-05

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1116577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Machado, Luis E.

15414 NW 77 Ct.

City Miami Lakes

FL

Zip Code 33016

**DO NOT WRITE
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

(Signature, Print or printed name of registered agent and title if applicable)

(Signature, Registered Agent signature required except reinstating)

DATE

January 1 - May 1 Fee is \$180.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

D. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Machado, Luis E.
15414 NW 77 Ct.
Miami Lakes, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/12/05-01045-018

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 on an attachment with an address, with all other like empowered.

SIGNATURE

(Signature and typed or printed name of signing officer or director)

Date

Exhibit Page #

CR2E0348 (12/02)

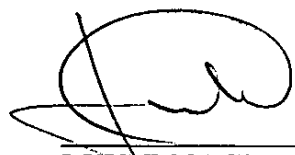
ps 292

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2002, 2003 and 2004 or any other notice from the Division of Corporations in respect with the Corporation **TRUST WIRELESS, INC.**

Thank you for your courtesy in this matter.



LUISE MACHADO
PRESIDENT

I am Also
Including
the 2005
Annual
Payment