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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

REINSTATEMENT 02-05 TK

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15414 NW 77 Ct.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Lakes, FL	City & State
Zip: 33016 Country	Zip Country

4. FEI Number: 65-1116577 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Machado, Luis E.

Street Address (P.O. Box Number Is Not Acceptable): 15414 NW 77 Ct.

City: Miami Lakes FL Zip Code: 33016

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

600044650706
01/12/05--01049--019 **900.00

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PJ 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 202, 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.

LUIS E MACHADO
PRESIDENT

I am Also Including the 2005 Annual Payment