.2003 FOR PROFIT CORPORATION

DOCUMENT # P01000068637 In Principal Place of Business SSSWIRELESS CORPORATION Making Addressos Sopr South Bate-Off Crock Po BOX 10006 FORT LAUDERALE PL 30300 TAMBREE PL 3030	UN	ILOKW ROZINE	55 REPURI	(ORK	<u>}</u>	•		
Seer SUMP BEACHT CROLE BUILDING FOR LAUDERDALE FL 33310 TUMBAC FL 33321 2. PRINCIPAL	DOCUMENT # P0100068637 1. Entity Name					SECRETARY OF STATE DIVISION OF CORPORATIONS 2003 FEB 24 AM II: 30		
SHEEL ROWIN-PEE IS \$150.00 Make Check Papel be \$5150.00 Make Che	9387 SOUTH BELFORT CIRCLE PO BOX 100106 BUILDING AS FORT LAUDERDALE FL 33310)				
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Security Stock States Desired St	Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
SPIEGEL & UTRERA, P.A. SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FLOOR MAMIR R. 33145 8. The above named entity authorys this fundament for it purpose of changing its registered degree, or both, in the State of Florida. I am familiar with, and accept the obligations of registered degree, or both, in the State of Florida. I am familiar with, and accept the obligations of registered degree, or both, in the State of Florida. I am familiar with, and accept the obligations of registered degree, or both, in the State of Florida. I am familiar with, and accept the obligations of registered degree, or both, in the State of Florida. I am familiar with, and accept the obligations of registered degree, or both, in the State of Florida. I am familiar with, and accept the obligations of registered degree, or both, in the State of Florida. I am familiar with, and accept the obligations of registered degree, or both, in the State of Florida. I am familiar with, and accept the obligations of registered degree, or both, in the State of Florida. I am familiar with, and accept the obligations of registered degree, or both, in the State of Florida. I am familiar with, and accept the obligations of registered degree, or both, in the State of Florida. I am familiar with, and accept the obligations of registered degree, or both, in the State of Florida. I am familiar with, and accept the obligations of registered degree, or both, in the State of Florida. I am familiar with, and accept the obligations of registered degree, or both, in the State of Florida. I am familiar with, and accept the obligations of registered degree, or both, in the State of Florida. I am familiar with, and accept the obligations of registered degree, or both, in the State of Florida. I am familiar with, and accept the obligations of registered degree, or both, in the State of Florida. I am familiar with, and accept the obligations of registered degree, or both, in the State of Florida. I am familiar with, and accept the obligations of registered			City & State		4. FEI Nu	NOT APPLICABLE	•	
SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI FL 33145 8. The above named entity submys this statement for time purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegions of registered signal. SIGNATURE FILE NOWIN-PEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ANALY AND ANALY AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TOTAL ANALY AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TOTAL ANALY AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TOTAL ANALY AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TOTAL ANALY AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TOTAL ANALY AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TOTAL ANALY AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TOTAL ANALY AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TOTAL ANALY AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TOTAL ANALY AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TOTAL ANALY AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TOTAL ANALY AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TOTAL ANALY AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TOTAL ANALY AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TOTAL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		1 BROWARD		Country	5. Certific	cate of Status Desired		
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8. The above named entity submys this last fright for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. The purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the decidence of the obligations of registered agent. The purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the decidence of the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the decidence of the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the decidence of the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the decidence of the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the decidence of the dec	Miami Fl	33145	•	City	01.4.4.	F	Zip G202 \J	
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT	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							
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY	After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.	OFFICERS AND D	IRECTORS	11.	ADDITIO	NS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
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	NAME STREET ADDRESS CITY-ST-ZIP		\	NAME STREET ADDRESS CITY-ST-ZIP	02)	74/03-01055-016	899 **272.50	

Thereby certify that the information supplied with this thing does not quality 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: Journal Tamara Tayanileke

954 588 1326

CR2Fn34 (10/05)