**FILED**
**Jun 07, 2004 8:00 am**
**Secretary of State**
05-03-2004 91053 011 ***150.00

5/3/2004-

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000071035

1. Entity Name
WIRELESS INFO-TECH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8200 W 33 AVENUE<br>BAY 5<br>HIALEAH, FL 33016 | 8200 W 33 AVENUE<br>BAY 5<br>HIALEAH, FL 33016 |

66427086

01262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-1121772
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ENRIQUEZ, STEPHEN C
TURNER & ASSOCIATES CPAS
19 WEST FLAGLER STREET SUITE 600
MIAMI, FL 33130

**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.

04-30-2004
DATE

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PTD |
| NAME | CIMADEVILLA, ANTONIO |
| STREET ADDRESS | 8200 W 33 AVENUE |
| CITY-ST-ZIP | HIALEAH, FL 33016 |
| TITLE | VSD |
| NAME | DEDIEGO, JONHECTOR |
| STREET ADDRESS | 8200 W 33 AVENUE |
| CITY-ST-ZIP | HIALEAH, FL 33016 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE 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: _____ 04-30-2004 DATE 305-364-3771 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR