

**X-204 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

DOCUMENT # P01000090050

1. Entity Name  
DISCOVER WIRELESS, INC.



Principal Place of Business  
2904 NW 72 AVE  
MIAMI, FL 33122

Mailing Address  
2904 NW 72 AVE

MIAMI, FL 33122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04232004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1141549</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOLY, YVON  
13200 SW 128TH STREET  
SUITE F-2  
MIAMI, FL 33186

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Amended AR is \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  Delete  
NAME SAMAIL, ADNAN  
STREET ADDRESS 2904 NW 72 AVE  
CITY-ST-ZIP MIAMI, FL 33122

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  Change  Addition  
NAME ISMAIL ADNAN  
STREET ADDRESS 7026 MEAD STREET  
CITY-ST-ZIP DEARBORN, MICHIGAN 48126

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADNAN ISMAIL

5/11/04

Daytime Phone #

6/11/04

**FILED  
Jun 10, 2004 8:00 A.M.  
Secretary of State**

