FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000092183 03 NOV 20 AMII: 27 Wireless De America, Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3 Mailing Address Fairlake Same 1163 Irace Suite, Apt. #, etc. Suite, Apt. #, etc 1501 City & State 26-0010078 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Broward 7. Name and Address of Current Registered Agent Ricardo E. Quintero DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Fairlake Trace # 1501 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. nd title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its intangible After May 1, Fee is \$550.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Amended UBR is \$61.25 Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ceo) TITLE TITLE Ricardo E. Quintero NAME 800025081198 1163 Fairlake Trace # 1501 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33326 CITY-ST-ZIP weston, TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP THIE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

We did not receive the U.B.R., for the year 2003, or any other notice from the Division of Corporations in respect with the Corporation WIRELESS DE AMERICA, INC

Thank you for your courtesy in this matter.

RICARDO E. OFINTERO

PRESIDENT