2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000101943

FILED Feb 14, 2008 8:00 am Secretary of State

02-14-2008 90022 007 ***150.00

1. Entity Nam O.E.M. W	/IRELESS DISTRUBUTOR	S, INC.			
Principal Place of Business Mailing Address 14 WESTWARD DR 14 WESTWARD DR MIAMI SPRING, FL 33166 MIAMI SPRING, FL 33166			66	40024810	
Principal Place of Business - No P.O. Box # 3. Mailing Address			· .		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092008 Chg-P	CR2E034 (12/06)
City & State		City & State		4. FEI Number 65-1147557	Applied Fur Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desir	ed S8.75 Additional Fee Required
	6. Name and Address of Curren	Registered Agent		7. Name and Address of N	ew Registered Agent
			Name		
HERRON, SERGIO 14 WESTWARD DR			Street Addres	ss (P.O. Box Number is Not Accep	stable)
MIAMI SPRING, FL 33166					
			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 agen	and title 4 applicable (NOTE	Registered Agent signature req	jured when rainstating)	DATE
			<u> </u>		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS 11.			11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HERRON, SERGIO		NAME		
STREET ADDRESS CITY-ST-ZIP	14 WESTWARD DR MIAMI SPRING, FL 33166		STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 it 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 either like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: __

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2/1/06 78653

7865575585