


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90554 011 \*\*\*150.00

<b>DOCUMENT # P01000104129</b> 1. Entity Name <b>ONE STOP CELLULAR, INC.</b>			
Principal Place of Business <b>2520 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33065</b>		Mailing Address <b>2520 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33065</b>	
2. Principal Place of Business <b>10933 NW 49 Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>10933 NW 49 Drive</b> Suite, Apt. #, etc.	
City & State <b>Coral Springs</b>		City & State <b>Coral Springs</b>	
Zip <b>33076</b> Country <b>USA</b>		Zip <b>33076</b> Country <b>USA</b>	
4. FEI Number <b>65-1158039</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BHOGAITA, AMEET 2520 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33065</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>10933 NW 49 Drive</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33076</b>	
8. The above named entity solemnly swears that 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BHOGAITA, AMEET 2520 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Niranjana Bhogaita 10933 NW 49 Drive Coral Springs, FL 33065	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.			
<b>SIGNATURE:</b> _____		Date _____ Daytime Phone # _____	