


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90082 019 \*\*\*150.00

<b>DOCUMENT # P01000104129</b>	
1. Entity Name <b>ONE STOP CELLULAR, INC.</b>	

Principal Place of Business <b>10933 NW 49 DRIVE CORAL SPRINGS, FL 33076</b>	Mailing Address <b>10933 NW 49 DRIVE CORAL SPRINGS, FL 33076</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
<b>BHOGAITA, AMEET 10933 NW 49 DRIVE CORAL SPRINGS, FL 33076</b>	

40046658



03212007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-1158037</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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7. Name and Address of New Registered Agent	
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 <i>Ameet Bhogaita</i>	DATE <b>3-27-07</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BHOGAITA, AMEET</b>	NAME	
STREET ADDRESS	<b>10933 NW 49 DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete <i>Keep</i>	TITLE	<i>Secretary</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BHAGAITA, NIRANJANA</b>	NAME	
STREET ADDRESS	<b>10933 NW 49 DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<i>VP</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BHOCARK, PURUI</b>	NAME	<i>Purvi Bhogaita</i>
STREET ADDRESS	<b>10933 NW 49 DR</b>	STREET ADDRESS	<i>10933 NW 49 Dr</i>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33064</b>	CITY-ST-ZIP	<i>Coral Springs, FL 33064</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 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 an other like empowered.

SIGNATURE: <i>Ameet Bhogaita</i>	DATE: <b>3/27/07</b>	DAYTIME PHONE: <b>954-346-2522</b>
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