

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

05 JAN -3 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #	P01000105643	
1. Entity Name	MART WIRELESS, INC.	

Principal Place of Business	Mailing Address
777 N.W. 72 AVE. 2F12 MIAMI FL. 33126	1282 N.E. 163 ST. NO. MIAMI BCH, FL. - 33162

2. Principal Place of Business	3. Mailing Address
777 N.W. 72 AVE Suite, Apt. #, etc. 2F12	1282 N.E. 163 ST. Suite, Apt. #, etc.

City & State	City & State
MIAMI, FL.	NO. MIAMI BCH, FL.

Zip	Country	Zip	Country
33126	USA	33162	USA

REINSTATEMENT

034 (10/03)

04

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIDIAC, GISEL 777 N.W. 72 AVE 2F12 MIAMI, FL. 33126	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 Gisel Chidiac DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIDIAC GISEL ☐ Delete 777 NW 72 AVE, 2F12 MIAMI, FL. 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600043798186 01/03/05 01025 006 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.

SIGNATURE: Gisel Chidiac 9-8-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

To, ...
Fla. Dept. of State.
Reinstatement Section.

2 of 2

Re: Doc. # P01000105643
Renewal of Annual Report-
2004.

Dear Sir,

Enclosed Check for \$150.- including
Completed Forms as per your instructions
over the phone.

I never receive renewal form
don't have access to Computer, ~~per~~ my
~~my~~ friend help me in getting Forms, my
renewal notice misplaced in the mail
because I never got it.

Please Waive the Late fee and
reinstate ~~me~~ my corporation

Thank you kindly
Sincerely Yours