## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118307

Entity Name: HOOK IT UP CELLULAR, INC.

FILED Mar 07, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18188 NE 19TH AVE 18158 NE 19TH AVE

NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162

Current Mailing Address: New Mailing Address:

121 GOLDEN ISLE DR 18158 NE 19TH AVE

SUITE 201 NORTH MIAMI BEACH, FL 33162 HALLANDALE BEACH, FL 33009

FEI Number: 33-0993019 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARDINO, HAROLD PRES

121 GOLDEN ISLE DR

SUITE 201

ERNESTO, CHIONG PRES

18158 NE 19TH AVE

NORTH MIAMI BEACH, FL 33162 US

SUITE 201 NORTH MIAMI BEACH, FL 33162 US HALLANDALE BEACH, FL 33009 US

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.

SIGNATURE: ERNESTO CHIONG 03/07/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete

 Name:
 BARDINO, HAROLD

 Address:
 121 GOLDEN ISLE DR #201

 City-St-Zip:
 HALLANDALE BEACH, FL 33009

Title: ( ) Delete

Address: City-St-Zip: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHIONG, ERNESTO PRES

Address: 2619 ISLAND DR City-St-Zip: MIRAMAR, FL 33023

Title: VP ( ) Change (X) Addition Name: BARDINO, HAROLD VICE PR

Address: 5055 SW 89 AVE

City-St-Zip: COOPER CITY, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNESTO CHIONG PD 03/07/2005