2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000000068

Entity Name: WIRELESS LATIN ENTERTAINMENT, INC.

FILED Jan 16, 2009 Secretary of State

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Current P	rincipal Place	e of Business:	New Principal I	New Principal Place of Business:	
1390 SOUTH DIXIE HWY STE 1200 MIAMI, FL 33146 US			2121 SW 3RD A STE 100 MIAMI, FL 3312		
Current M	lailing Addre	ss:	New Mailing Ad	New Mailing Address:	
1390 SOUTH DIXIE HWY STE 1200 MIAMI, FL 33146 US			STE 100	2121 SW 3RD AVENUE STE 100 MIAMI, FL 33129 US	
	: 80-0023812	FEI Number Applied For ()	FEI Number Not Applicable		
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:	
ESPANA, ALBERTO 2554 JARDIN LANE WESTON, FL 33327 US			396 ALHAMBRA SUITE 700	MUJICA, GERRY 396 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES, FL 33134 US	
	e named entity e of Florida.	submits this statement for the po	urpose of changing its reg	istered office or registered agent, or both,	
SIGNATU	RE: GERRY I	MUJICA		01/16/2009	
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CFO (ESPANA, ALBI 2554 SAROIN WESTON, FL	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	JIMENEZ, GUS	DIXIE HWY STE 1200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ABAROA, GAB	DIXIE HWY STE 1200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGRN () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: IGNACIO MEYER MGRN 01/16/2009

1390 SOUTH DIXIE HWY STE 1200

CORAL GABLES, FL 33146

Address:

City-St-Zip: