FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 07, 2003 8:00 am Secretary of State DOCUMENT # P02000003347 04-07-2003 90142 022 ***150.00 1. Entity Name SMARTPHONES, INC. CICCIDUU DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 20533 Biscayne Blvd. same Suite, Apt. #, etc. #4-542 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For AVENTURA FLORIDA 03-0373615 Not Applicable Zip 33180 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent HENRY ROSENHECK DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 20533 Biscayne Blvd. - #4-542 City 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 (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CR2E034B (12/02) TITLE TITLE HENRY ROSENHECK NAME NAME 20533 Biscayne Blvd:, #4-542 STREET ADDRESS STREET ADDRESS AVENTURA, FL 33180 CITY ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY ROSENHECK

attachment with an address, with

SIGNATURE: 4

FILED