

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000053020

FILED
Aug 18, 2008
Secretary of State**Entity Name:** CELLPOINT CONNECT AMERICAS HOLDING, INC.**Current Principal Place of Business:**4000 PONCE DE LEON BOULEVARD
SUITE 470
CORAL GABLES, FL 33146 US**New Principal Place of Business:****Current Mailing Address:**4000 PONCE DE LEON BOULEVARD
SUITE 470
CORAL GABLES, FL 33146 US**New Mailing Address:****FEI Number:** 04-3650282**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DEWITT, RICHARD J
2000 PONCE DE LEON BLVD.
6TH FLOOR
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**DEWITT, RICHARD J
2121 PONCE DE LEON BLVD.
9TH FLOOR
CORAL GABLES, FL 33134 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:

08/18/2008

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** CEO () Delete
Name: GJERDING, KRISTIAN
Address: 1741 SW 64TH CT
City-St-Zip: WEST MIAMI, FL 33155 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DIR (X) Change () Addition
Name: HENRIKSSON, KATARINA
Address: 4000 PONCE DE LEON BOULEVARD, SUITE 470
City-St-Zip: CORAL GABLES, FL 33146 US

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.

SIGNATURE: KATARINA HENRIKSSON

DIR

08/18/2008

Electronic Signature of Signing Officer or Director_____
Date