
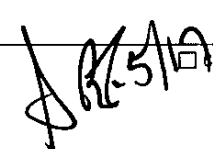


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000053577 1. Entity Name LAND-CELLULAR CORPORATION					
Principal Place of Business 12054 MIRAMAR PARKWAY MIRAMAR, FL 33025				Mailing Address 12054 MIRAMAR PARKWAY MIRAMAR, FL 33025	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2665 S. Bayshore Drive Suite, Apt. #, etc. Suite 703			
City & State		City & State Miami, FL		4. FEI Number 04-3694385	
Zip 33133		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL S. POLANSKY 2665 S. BAYSHORE DR SUITE 703 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSES, ROBERT W 12068 MIRAMAR PARKWAY MIRAMAR, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Moses, Robert W. 2665 S. Bayshore Drive, #703 Miami, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PANAGAKOS, CHRISTIAN 12054 MIRAMAR PARKWAY MIRAMAR, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D/T Panagakos, Christian 2665 S. Bayshore Drive, #703 Miami, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZOKAITES, FRANK 375 GOLFSIDE DRIVE WEXFORD, PA 15090	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">  </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D POLANSKY, MITCHELL S 2665 SOUTH BAYSHORE DRIVE #703 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 700054748987 05/18/05--01062--001 **900.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL TORRO, UBALDO V 12068 MIRAMAR PARKWAY MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/29/05 (305) 858-9900 <small>Daytime Phone #</small>		