
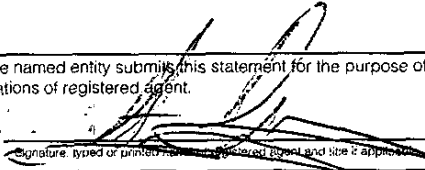
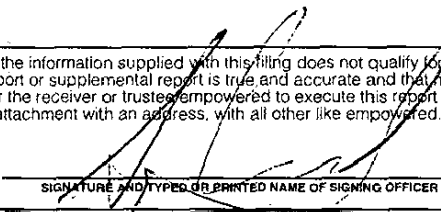


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 8:00 am
Secretary of State

08-19-2004 90055 044 ***150.00

DOCUMENT # P02000063807			
1. Entity Name WIRELESS +, INC.			
Principal Place of Business 14941 BRUCE B DOWN BLVD. TAMPA, FL 33613		Mailing Address 14941 BRUCE B DOWN BLVD. TAMPA, FL 33613	
2. Principal Place of Business 4812 E. BUSCH BLVD. Suite, Apt. #, etc. SUITE E City & State TAMPA, FL Zip 33617 Country USA		3. Mailing Address 4812 E. BUSCH BLVD. Suite, Apt. #, etc. SUITE E City & State TAMPA, FL Zip 33617 Country USA	
08092004		Chg-P CR2E034 (10/03)	
4. FEI Number 01-0723360		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELQADAH, AHMED 14941 BRUCE B DOWN BLVD. TAMPA, FL 33613		7. Name and Address of New Registered Agent Name ELQADAH, AHMED Street Address (P.O. Box Number is Not Acceptable) 4812 E. BUSCH BLVD. SUITE E City TAMPA FL Zip Code 33617	
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: 		AHMED ELQADAH 8/19/04 (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ELQADAH, AHMED W 14941 BRUCE B DOWN BLVD TAMPA, FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ELQADAH, AHMED W 4812 E. BUSCH BLVD, STE E TAMPA, FL 33617 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		AHMED ELQADAH 8/19/04 Date Daytime Phone #	

24080357

