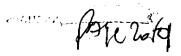
# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000098214 CELL PHONE DEPOT, INC. 04 MAY -4 PH 5:31 Principal Place of Business Mailing Address SECRETARY OF STATE FALLAHASSEE, FLORIDA 3209 WHITE DOVE LN. 1 3209 WHITE DOVE LN. KISSIMMEE, FL 34746 KISSIMMEE, FL 34746 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 05062004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 35-2181122 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUTTER, BERNARD,R Street Address (P.O. Box Number is Not Acceptable) 3036 BIG SKY BLVD KISSIMMEE, FL 34741 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. : 11. DP TITLE Defete TITLE ☐ Change Addition DHANANI, KABIRUDDIN NAME. NAME STREET ADDRESS 3209 WHITE DOVE LN. STREET ADDRESS CIFY-SI-ZIP KISSIMMEE, FL 34746 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delète TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davlime Phone #





## **Division of Corporations**

#### **Annual Report**

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Document Number
P02000098214
Business Entity Name
CELL PHONE DEPOT, INC.

FEI Number	352181122			
FEI Number Status	C Applied For C Not Applicable Current			
Certificate of Status Des	sired C Yes 6 No			
Pri	ncipal Place of Business			
Address	3209 WHITE DOVE LN.			
Suite, Apt. #, etc.				
City, State	KISSIMMEE , FL			
Zip Code & Country	34746			
•	·			
	Mailing Address			
Address	3209 WHITE DOVE LN.			
Suite, Apt. #, etc.				
City, State	KISSIMMEE , FL			
Zip Code & Country	34746			
27	1.4.11			
	nd Address of Registered Agent			
Name (Last, First, Middle, Title)	SUTTER , BERNARD , R ,			
-or- RA Business Name	**************************************			
Address	3036 BIG SKY BLVD.			
Suite, Apt. #, etc.				
City, State	KISSIMMEE , FL			
Zip Code & Country	34741 US			
If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a				
business entity, an individual must sign on their behalf. A business entity cannot serve as its				
own RA.				
Registered Agent Signature				

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#### **Division of Corporations**

### **Annual Report**

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Document Number
P02000098214
Business Entity Name
CELL PHONE DEPOT, INC.

Election Campaign Financing Trust Fund Contribution C Yes © No

#### Officer/Director Name And Address

Title	<u> DP</u>		
Name (Last, First, Middle, Title)	DHANANI .	KABIRUDDIN	
-or- Entity Name			
Street Address	3209 WHITE DOV	E LN.	 : (
City, State	KISSIMMEE	J, FL	
Zip Code & Country	34746		
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			I
City, State			
Zip Code & Country		J	
Title			
Name (Last, First, Middle, Title)		,	
-or- Entity_Name			 i 
Street Address			F
City, State			*
Zip Code & Country			
Title	. · (1)	•	
Name (Last, First, Middle, Title)		,	
-or- Entity Name			:
Street Address			:

https://efile.sunbiz.org/scripts/ubr002.exe

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4/11/2004

Division o	f Corporations	D
		Page 40
	City, State	•
	Zip Code & Country	
•	Title	
	Name (Last, First, Middle, Title)	
	-or- Entity Name	Market and the second s
	Street Address	
	City, State	
	Zip Code & Country	
	Title	
	Name (Last, First, Middle, Title)	
	-or- Entity Name	
	Street Address	
	City, State	
	Zip Code & Country	
£	An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.  Title  Officer/Director Signature  Continue  Reset  Start Over	ors to list
	Sunbiz Home Page Public Access He	elp

4/11/2004