2004 FOR PROFIT CORPORATION

Jul 08, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P02000112039 07-08-2004 901 90 042 ***1 50 00 1. Entity Name SKYTEL US, INC. Principal Place of Business Mailing Address 9010 SW 137TH AVE 9010 SW 137TH AVE STE 225 MIAMI, FL 33186 STE 225 MIAMI, FL 33186 A CONTRACTOR OF THE CONTRACTOR 2. Principal Place of Business Mailing Addres 8390 8390 NW 5 Suite, Apt. #, etc Suite, Apt. #, etc 07012004 CR2E034 (10/03) Chg-P 4. FEI Number Applied For 41-2064478 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TORRES, JUSTO H Street Address (P.O. Box Number is Not Acceptable) 9217 SW 157TH PATH MIAMI, FL 33196 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) -9.-Election Campaign Financing FILE:NOW!H=FEE+IS-\$550.00 \$5:00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Addition ANDRIEU, YVON ANDRES Andrieu, NAME NAME 108 AV # 117 STREET ADDRESS 10764 NW 40TH STREET STREET ADDRESS SUNIRISE, FL 33351 Lantation FL 333 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TORRES, JUSTO H NAME NAME STREET ADDRESS 9217 SW 157TH PATH STREET ADDRESS MIAMI, FL1 33196 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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. 12. I hereby certify that the infor

SIGNATURE:

SIGNATURE A TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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Skytel US

8390 NW 53rd Street Suite 114 Miami, Florida 33166

TEL: 305-468-1462 FAX: 305-436-5196

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DIVISION OF CORPORATIONS P.O BOX 1500 TALLAHASSEE, FL 32302-1500 FEI NUMBER: 41-2064478

Dear Sirs.

This is to let you know that we moved to a new location attached in this report, for that reason please accept payment of \$150.00 for the annual fee even though it is late.

Thanks in advance for your consideration.

Yoreida Andrieu 305-468-1462 Ext 101 Fax: 305-436-5196 yandrieu@skytelus.com