

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90023 009 \*\*\*158.75

**DOCUMENT # P02000113029**

1. Entity Name  
**INTERBUY CELLULAR, CORP.**



Principal Place of Business  
**780 NW 42 AVE STE 516  
MIAMI, FL 33126**

Mailing Address  
**780 NW 42 AVE STE 516  
MIAMI, FL 33126**

**54000117**

2. Principal Place of Business  
**8322 NW 68 ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**8322 NW 68 ST.**  
Suite, Apt. #, etc.



01062004 Chg-P CR2E034 (10/03)

City & State  
**Miami**  
Zip **FL**

Country  
**33166**

City & State  
**Miami**  
Zip **FL**

Country  
**33166**

4. FEI Number  
**02-0663795**

Applied For  
Not Applicable

5. Certificate of Status Desired: ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PEDRA, AURELIO A  
780 NW 42 AVE STE 516  
MIAMI, FL 33126**

**7. Name and Address of New Registered Agent**

Name **Erwin J. Villegas**  
Street Address (P.O. Box Number is Not Acceptable)  
**8322 NW 68 ST.**  
City **Miami** FL Zip Code **33166**

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 **X**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **VILLEGAS, ERWIN J**  
STREET ADDRESS **780 NW 42 AVE STE 420**  
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **D** ☐ Delete  
NAME **FUGUET, JOSE A**  
STREET ADDRESS **780 NW 42 AVE STE 420**  
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D, P** ☒ Change ☐ Addition  
NAME **VILLEGAS, ERWIN J.**  
STREET ADDRESS **8322 NW 68 ST**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D, VP** ☒ Change ☐ Addition  
NAME **FUGUET, JOSE A.**  
STREET ADDRESS **8322 NW 68 ST**  
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **X**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X**

Date

**(305) 513-3848**  
Daytime Phone #