

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90040 009 ***150.00

DOCUMENT # P02000113029 1. Entity Name INTERBUY CELLULAR, CORP.					
Principal Place of Business 8322 NW 68 ST MIAMI, FL 33166			Mailing Address 8322 NW 68 ST MIAMI, FL 33166		
2. Principal Place of Business 8335 NW 68 st Suite, Apt. #, etc.		3. Mailing Address 8335 NW 68st Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 02-0663795	
Zip 33166		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLEGAS, ERWIN J 8322 NW 68 ST MIAMI, FL 33166			7. Name and Address of New Registered Agent Name VILLEGAS, ERWIN J. Street Address (P.O. Box Number is Not Acceptable) 8335 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: + [Signature] Villegas, Erwin J. 01-11-05 Signature, typed or printed name of registered agent and the Approver. (NOTE: Registered Agent signature required when changing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DP VILLEGAS, ERWIN J 8322 NW 68 ST MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VILLEGAS, Erwin J. 8335 NW 68st MIAMI, FL 33166	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DYP FUGUET, JOSE A 8322 NW 68 ST MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DYP FUGUET, JOSE A. 8335 NW 68 st MIAMI, FL 33166	☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 my address, with all other like empowered.					
SIGNATURE: [Signature] ERWIN VILLEGAS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			01-11-05 305-5133958 Date Date Phone		