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Aug 30, 2007 8:00 am
Secretary of State

08-01-2007 90034 020 ***150.00
08-30-2007 90037 001 ***400.00
08-30-2007 90037 002 *****8.75

8/1

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000004364

1. Entity Name
OLYMPUS CELLULAR & BEEPER INC.

Principal Place of Business
6074 S. CONGRESS AVE.
LANTANA, FL 33462

Mailing Address
6074 S. CONGRESS AVE.
LANTANA, FL 33462

66021628

07232007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
6074 S. Congress AVE
Suite, Apt. #, etc.

3. Mailing Address
6074 S. Congress AVE
Suite, Apt. #, etc.

City & State: LANTANA FL
Zip: 33462 Country: U.S.A

City & State: LANTANA FL
Zip: 33462 Country: U.S.A.

4. FEI Number: 04-3736316 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CAJIGAS, MARIA
2743 DONELLYS RD
APT #605
LANTANA, FL 33462

7. Name and Address of New Registered Agent
Name: CAJIGA MARIA
Street Address (P.O. Box Number is Not Acceptable): 2743 Donelly Rd apt #605
City: LANTANA FL Zip Code: 33462

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

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P ☐ Delete
NAME	CAJIGAS, MARIA
STREET ADDRESS	2743 DONELLYS RD APT #605
CITY-ST-ZIP	LANTANA, FL 33462
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	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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 exemptions contained in Chapter 119, 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: Jesus Manso (JESUS MANSO) 7/27/07 561-856-3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #