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Mar 01, 2004 8:00 am
Secretary of State

02-12-2004 90010 003 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000008903

1. Entity Name
IC WIRELESS INC.

66403888

Principal Place of Business	Mailing Address
971 WEST 67TH ST. HIALEAH, FL 33012	971 WEST 67TH ST. HIALEAH, FL 33012
2. Principal Place of Business: 16227 SW 88 ST Suite, Apt. #, etc.	3. Mailing Address: 16227 SW 88 ST Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33196 Country: USA	Zip: 33196 Country: USA

01142004 Chg-P CR2E034 (10/03)

4. FEI Number: 41-2077084 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZAMORA, DIANA
971 WEST 67TH ST.
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name: Emma Brett
Street Address (P.O. Box Number is Not Acceptable): 13904 SW 177 ST
City: Miami, FL Zip Code: 331...

8. The above named e... 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...

SIGNATURE: Emma Brett Emma Brett 1/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NO... FEE IS $150.00
...ter 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZAMORA, DIANA 971 WEST 67TH ST. HIALEAH, FL 33012	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Emma Brett 13904 SW 177 ST Miami FL 33177	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP mark Brett 13904 SW 177 ST Miami, FL 33177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information s... 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 suppleme... 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 ... 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 ... other like empowered.

SIGNATURE: Emma Brett Emma Brett 1/30/04 305/962/1009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #