

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/25

FILED
Mar 08, 2004 8:00 am
Secretary of State

02-25-2004 90012 007 ***150.00

DOCUMENT # P03000009977

1. Entity Name
CELLNET COMMUNICATION CENTER, INC



Principal Place of Business
**8235 SW 40 ST
MIAMI FL 33155**

Mailing Address
**8235 SW 40 ST
MIAMI FL 33155**

00401000

2. Principal Place of Business
8235 SW 40 St.

3. Mailing Address
8235 SW 40 St.

Suite, Apt. #, etc.
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State
Miami FL.

City & State
Miami FL.

Zip
33155

Country

Zip
33155

Country

4. FEI Number
76-0723167.

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**JARAMILLO, FERNANDO
16449 SW 68 TERRACE
MIAMI FL 33193**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JARAMILLO, FERNANDO	
STREET ADDRESS	16449 SW 68 TERRACE	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	JARAMILLO, FERNANDO	
STREET ADDRESS	16449 SW 68 TERRACE	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Fernando Jaramillo* **02-70-04** **305-553-2076**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #