


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90101 037 ***150.00

DOCUMENT # P03000049702	
1. Entity Name WIRELESS USA OF PINELLAS, INC.	

Principal Place of Business 11201 PARK BLVD. SUITE 11 SEMINOLE, FL 33772 US	Mailing Address 540 CARILLON PARKWAY 3037 ST. PETERSBURG, FL 33716 US
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2. Principal Place of Business 14968 New Port Road	3. Mailing Address 14968 New Port Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clearwater, FL	City & State Clearwater, FL
Zip 33764	Country US
Zip 33764	Country US



03252005 Chg-P CR2E034 (10/03)

4. FEI Number 86-1061486	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AMAR, SIMON 540 CARILLON PARKWAY 3037 ST. PETERSBURG, FL 33716	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14968 New Port Road City Clearwater FL Zip Code 33764
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AMAR, SIMON 540 CARILLION PKWY., 3037 SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	14968 New Port Road Clearwater, FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **President** **3/30/05** **727-656-1658**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #