

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-09-2004 90027 001 ***150.00

DOCUMENT # P03000057245	
1. Entity Name WIRELESS PHONE SOLUTIONS, INC.	

Principal Place of Business 3623 NW 2ND AVENUE MIAMI FL 33127	Mailing Address 3623 NW 2ND AVENUE MIAMI FL 33127
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2. Principal Place of Business 10550 NW 77 CT.	3. Mailing Address 10550 NW 77 CT
Suite, Apt. #, etc. #201	Suite, Apt. #, etc. #201
City & State HIALEAH GARDENS, FL	City & State HIALEAH GARDENS, FL
Zip 33016	Zip 33016
Country USA	Country USA

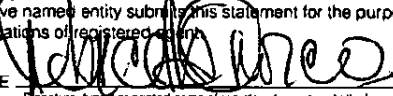


MOORE CR2E034 (11/03)

66407485

4. FEI Number 42-1592831	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OROZCO, MARCELA 3623 NW 2ND AVENUE MIAMI FL 33127 10550 NW 77 CT #201 HIALEAH GARDENS, FL 33016	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

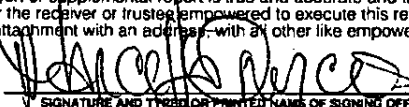
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **03/02/04**
Signature, typed or printed name of registered agent and file if applicable. (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	☐ Delete	TITLE	☐ Change ☐ Addition
NAME marcella Orozco		NAME	
STREET ADDRESS 10550 NW 77 CT #201		STREET ADDRESS	
CITY-ST-ZIP Hialeah Gardens, Fla 33016		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 any other like empowered.

SIGNATURE:  **03/02/04**
Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #