2008 FOR PROFIT CORPORATION ANNUAL REPORT

	, MITHOME	- KEFOKI								
DOCUMENT # P03000082431  1. Entity Name WIRELESS CELL, INC.						FILED 2008 JAN 18 PM 2: 19				
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Principal Plac		Mailing Address					s# Cf	Elary	OF STATI E, FLORI	ĥΔ
5925 NW 110 COURT Miami, FL 33178		5925 NW 110 COURT Miami, Fl. 33178				TALL	AHASSE	F' LOUI	אט	
mirana, i E 3	3170	17117 ST. 17 CO. 17 C	Arrani, I C 33 I 70				, , , , , , , , , , , , , , , , , , ,			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	i. Mailing Address							
Suite, Apt.	# etc	Suite Ant # etc	Suite, Apt. #, etc.							$\wedge$ $\sigma$
Gaile, Apt.						01162008	Chg-P	CR2E	034 (12/06)	00
City & State	e	City & State				4. FEI Numb			Ap	plied For
							t Applicable			
Zip Country		Zip Count		ntry	5. Certificate of Status Desire			ed S8.75 Additional Fee Required		
6. Name and Address of Current		Registered Agent		1		7 Name and	Address of Nev	Registered	<del></del>	
	o. Name and Address of Current		7. Name and Address of New Registered Agent							
V <del>ILLA, JUAN-E</del>				Melissa Cediel						
	110 COURT		Street Add	Street Address (P.O. Box Number is Not Accepta			ble)			
MIAMI, FL 33178										
				City					Zip Code	
	<b>a</b> 0			1				FI	<b>-</b>	
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 A STATE OF THE STATE								DATE		
	Signature, typed or printed name of registered agen	t and title it applicable. (NO)	E: Register	ad Agent signatur	e required	d when reinstating)	<del>,</del>	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Con	-		<b>\$5</b> Add	.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.				/CHANGES TO C	FFICERS AN	D DIRECTOR	3 IN 11
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CITY-ST-ZIP	<u></u>			Y-ST-ZIP			A El 14 51			
indicated of the co	certify that the information supplied wid on this report or supplemental report proration or the receiver or trustee emit, or on an attachment with an address	on true and accurate and that bowered to execute this repor	my sign: 1 as requ	cemptions co ature shall ha iired by Chap	ontaine ave the pter 60	d in Chapter 11 same legal effe 7, Florida Statu	<ol> <li>Florida Statute of as if made und les; and that my n</li> </ol>	s. I further ce er oath; that ame appears	ertify that the ii I am an officer i in Block 10 o	ntormation or director r Block 11 if
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destroy Prome &										