


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90011 038 ***150.00

DOCUMENT # P03000082669 1. Entity Name NEXT GENERATION WIRELESS OF DAVIE, INC.			
Principal Place of Business 949 W COMMERCIAL BLVD FT. LAUDERDALE FL 33309		Mailing Address 949 W COMMERCIAL BLVD FT. LAUDERDALE FL 33309	
2. Principal Place of Business 2329 S University Drive Suite, Apt. #, etc.	3. Mailing Address 2329 S University Drive Suite, Apt. #, etc.		
City & State Davie, Florida	City & State Davie, Florida		
Zip 33324	Country USA	Zip 33324	Country USA
6. Name and Address of Current Registered Agent FORD, WILLIAM 949 W COMMERCIAL BLVD FT. LAUDERDALE, FL FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2329 S University Drive City Davie FL Zip Code 33324	
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 <u><i>William Ford, Pres.</i></u> DATE <u><i>2/6/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME FORD, WILLIAM	TITLE President	NAME William Ford
STREET ADDRESS 949 W COMMERCIAL BLVD	CITY-ST-ZIP FT. LAUDERDALE FL 33309	STREET ADDRESS 2329 S University Drive	CITY-ST-ZIP Davie, FL 33324
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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: <u><i>William Ford, Pres.</i></u>		DATE: <u><i>2/6/04</i></u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u><i>954-38-0500</i></u>	