

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000087845

Entity Name: WIRELESS ONE OF FLORIDA, INC.

FILED  
Apr 29, 2005  
Secretary of State

**Current Principal Place of Business:**

1600 NE 2ND ST  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

1600 NE 2ND ST  
POMPANO BEACH, FL 33060

**New Mailing Address:**

633 E ATLANTIC BLVD  
POMPANO BEACH, FL 33060

FEI Number: 74-3104773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LANDIS, ALISON  
1600 NE 2ND ST  
POMPANO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

LANDIS, ALISON  
633 E ATLANTIC BLVD  
POMPANO BEACH, FL 33060 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

04/29/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LANDIS, ALISON S MRS.  
Address: 1600 NE 2ND STREET  
City-St-Zip: POMAPNO BEACH, FL 33060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LANDIS, ALISON S MRS.  
Address: 633 E ATLANTIC BLVD  
City-St-Zip: POMAPNO BEACH, FL 33060

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALISON LANDIS

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date