

2005 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

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

05-06-2005 90081 028 \*\*\*150.00

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DOCUMENT # P03000090359	
1. Entity Name MS Cell Corp.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8009 N.W. 36th St. Suite 224 City & State Doral, FL Zip 33166	3. Mailing Address 8009 N.W. 36th St. Suite 224 City & State Doral, FL Zip 33166	4. FEI Number 56-2387278	Applied For Not Applicable
Country USA	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent  Name Garcia, Hernan E. Street Address (P.O. Box Number is Not Acceptable) 8009 N.W. 36th St. Suite 224 City Doral
	FL Zip Code 33166

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/T Garcia, Hernan E. 8009 N.W. 36th St., Suite 224 Doral, FL 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S Garcia, Carlos, Jr. 8009 N.W. 36th St., Suite 224 Doral, FL 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Hernan E. Garcia

April 08/05

305-593-5363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #