

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

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, Apt. #, etc. Suite 224 City & State Doral, FL Zip 33166		3. Mailing Address 8009 N.W. 36th St. Suite, Apt. #, etc. Suite 224 City & State Doral, FL Zip 33166		4. FEI Number 56-2387278	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	D/P/T	TITLE	DO NOT WRITE IN THIS SPACE		
NAME	Garcia, Hernan E.	NAME			
STREET ADDRESS	8009 N.W. 36th St., Suite 224	STREET ADDRESS			
CITY - ST - ZIP	Doral, FL 33166	CITY - ST - ZIP			
TITLE	D/S	TITLE	DO NOT WRITE IN THIS SPACE		
NAME	Garcia, Carlos, Jr.	NAME			
STREET ADDRESS	8009 N.W. 36th St., Suite 224	STREET ADDRESS			
CITY - ST - ZIP	Doral, FL 33166	CITY - ST - ZIP			
TITLE		TITLE	DO NOT WRITE IN THIS SPACE		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE	DO NOT WRITE IN THIS SPACE		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE	DO NOT WRITE IN THIS SPACE		
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 on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <u>Hernan E. Garcia</u> <u>April 08/05</u> <u>305-593-5363</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					