2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2004 8:00 am Secretary of State

DOCUMENT # P03000097600 1. Entity Name ALL WORLD WIRELESS II INC.								04-21-2	004 900	18 003 ***158	3.75	
Principal Place of Business Mailing Address							♣,			5400	.	
2460 NORTH STATE RD 7 B 2460 NORTH STATE RD 7 B								•		5403	7798	
LAUDERDALE LAKES, FL 33313 US LAUDERDALE LAKES, FL 33313									W 11 14 11 14 1 4			
2. Principal Place of Business Gul 3. Mailing Address Sunset						ρ						
	Suite, Apt. #, etc. Suite, Apt. #, etc.					0:	3242004	Chg-l	Р	CR2E034 (10/03))	
	Sunvise FL			Sunnse, Fl				226	137	-	Applied For Not Applicable	
333/	3 Cou	intry 15	333/3	3 Coun		5.	. Certificate	e of Status D	esired	\$8.75 A Fee Requi	dditional red	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
BUISSERETH, PATRINA E 2460 NORTH STATE ROAD 7						- Street Address (P.O. Box Number is Not Acceptable)						
B LAUDERDALE LAKES, FL 33313									· · · · · · · · · · · · · · · · · · ·			
					City					FL Zip Co	ode	
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												
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.		OFFICERS AND D	[DIRECTORS	11.	·				TO OFFICE	ERS AND DIRECTO	RS IN 11	
TITLE NAME	P SHARPE, NEVI	lele TITL NAM		presi		Bus	COro	46 ZiChange	Addition			
STREET ADDRESS	24 760 B NORTH STATE ROAD					6497		nset	Str	P		
CITY-ST-ZIP	LAUDERDALE VP		-\$T-ZIP	Sun	rise	F/	33	<i>3/3</i>				
TITLE NAME	BUISSERETH,	PATRINA	□ De	:) E	Rode	ner	Presio		. □Change Ptiste	Addition		
STREET ADDRESS		STATE ROAD 7 LAKES, FL 33313		ET ADDRESS -ST-ZIP	6497 Sun	Su	nset	5774	22313			
TITLE		☐ De		,		<u> </u>			Change	Addition		
NAME STREET ADDRESS	NAM						<u>.</u>					
CITY-ST-ZIP					-ST-ZIP							
TITLE NAME			☐ De	lete TITU NAM	1					Change	Addition	
STREET ADDRESS				8	ET ADDRESS							
CITY-ST-ZIP TITLE	Delete IIII					<u> </u>				[1] Change	Addition	
NAME STREET ADDRESS				NAM	E Et address					- J		
CITY-ST-ZIP				8.	-ST-ZIP						1	
TITLE NAME		-	☐ De	lete TITL NAM						Change	Addition	
STREET ADDRESS				STRI	ET ADDRESS							
CITY-ST-ZIP	ertify that the inforr	nation supplied with t	his filing goes not	bualify for the exe	-ST-ZIP motion stat	ed in Section	n 119.07(3)	i(i). Florida 9	Statutes 1 fo	rther certify that the	information	
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 another like empowered.												
SIGNATURE:												