


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90129 015 ***150.00

DOCUMENT # P03000102353					
1. Entity Name UNITED WIRELESS, INC					
Principal Place of Business 3015 NW 79TH STREET BOOTH F94-F95 MIAMI, FL 33147			Mailing Address 3015 NW 79TH STREET BOOTH F94-F95 MIAMI, FL 33147		
2. Principal Place of Business		3. Mailing Address 8245 Dixwaye Blvd Suite, Apt. #, etc. Unit B			
Suite, Apt. #, etc.		City & State Miami FL			
City & State		Zip 33138		Country U.S.	
Zip		Country		4. FE# Number 02-07-06303	
Applied For		Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAHONEY, TIMOTHY 3015 NW 79TH STREET BOOTH F94-F95 MIAMI, FL 33147			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P MAHONEY, TIMOTHY 3015 NW 79TH STREET(BOOTH F94-F95) MIAMI, FL 33147		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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: X				4-6-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	