

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

05-04-2004 90121 028 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000107755			
1. Entity Name DATA AND WIRELESS, INC			
Principal Place of Business 100 NE BOTH TERRACE MIAMI, FL 33138		Mailing Address PO BOX 530335 MIAMI, FL 33153	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
		04262004 Chg-P CR2E031 (10/03)	
		4. FEI Number 20-0384964	
		Applied For (If Applicable)	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DALTON, CHRISTINA 12864 BISCAYNE BLVD #241 NORTH MIAMI, FL 33181		7. Name and Address of New Registered Agent Brenfield, Spitzer, Stocker-Sheer Street Address (P.O. Box Number is Not Acceptable) 9655 South Dixie Highway 3rd Floor City Miami FL Zip Code 33156	
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 the filer with, and accept the obligations of registered agent. SIGNATURE  (NOTE: Registered Agent signature required when re-registering) DATE 4/30/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 President CHRISTINA DALTON 12864 Biscayne Blvd #241 North Miami, FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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 507, 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: 		Date 04/30/04 305-758-4056	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	