2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

Mar 09, 2004 8:00 am DOCUMENT # P03000112757 **Secretary of State** 03-09-2004 90021 047 ***150.00 WIRELESS TECHNOLOGY GROUP OF MIAMI INC. Principal Place of Business Mailing Address 16136 SW 66TH TERRACE MIAMI FL 33193 16136 SW 66TH TERRACE MIAMI FL 33193 2. Principal Place of Business 3. Mailing Address 7136 5W 404 Street Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 45-0525826 City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, EDGAR Street Address (P.O. Box Number is Not Acceptable) 16136 SW 66TH TERRACE MIAMI FL 33193 City Zip Code 8. The above named titly 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 SIGNATUR (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1/2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition DIAZ, EDGAR NAME NAME 16136 SW 66TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33193 -- -CITY ST-ZIR-D.P GUSTAV TITLE TITLE KAMENTOL RINCON, JESUS NAME NAME President STREET ADDRESS 4644 NW 97TH PLACE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 ap address, with all other like empowered.

FILED