


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90269 042 ***150.00

DOCUMENT # P03000117560 1. Entity Name RENT A CELLULAR, INC.	
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Principal Place of Business 9700 SOUTH DIXIE HIGHWAY, SUITE 1030 MIAMI, FL 33156	Mailing Address 9700 SOUTH DIXIE HIGHWAY, SUITE 1030 MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 90-0117832	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 SAMOLE, MYRON M 9700 SOUTH DIXIE HIGHWAY, SUITE 1030 MIAMI, FL 33156

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IN THIS SPACE**

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)</small>	DATE _____
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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	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAFFINGTON, CAROLINE 9700 SOUTH DIXIE HIGHWAY, SUITE 1030 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AMEIR, DAVID 9700 SOUTH DIXIE HIGHWAY, SUITE 1030 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: <u>Caroline Raffington</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>4/18/05</u> <small>Date</small>	Daytime Phone #: <u>305 235 9269</u> <small>Daytime Phone #</small>
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