

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90065 041 ***150.00

DOCUMENT # PO 3000 117 560	
1. Entity Name Rent A Cellular, Inc	

DO NOT WRITE IN THIS SPACE

40062084

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9700 SOUTH DIXIE HWY Suite, Apt. #, etc. STE 1030		3. Mailing Address PO Box 56-2131 Suite, Apt. #, etc.	
City & State Miami FLORIDA	City & State Miami FLORIDA	Zip 33156	Country USA

4. FEI Number NONE	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name MYRON M. SAMOLE	
Street Address (P.O. Box Number is Not Acceptable) 9700 SOUTH DIXIE HWY	
STE 1030	
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 familiar with and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP PRESIDENT CAROLINE LAFFINGTON 9700 SOUTH DIXIE HWY, STE 1030 Miami, FL 33156	TITLE NAME STREET ADDRESS CITY-STATE-ZIP VP DAVID AMER 9700 SOUTH DIXIE HWY, STE 1030 Miami, FL 33156		
		DO NOT WRITE 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)(g), Florida Statutes. I further certify that the information submitted 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. The Chairman of the Board or a duly authorized officer of the corporation or the officer or trustee empowered to execute this report as required by Chapter 1207, Florida Statutes, and that my name appears in Block 10, on an attachment with a license with an officer I've empowered.

SIGNATURE: *Caroline Laffington* **CAROLINE LAFFINGTON** 4/6/07 3052359269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)