
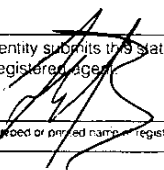
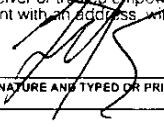


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90065 026 ***150.00

DOCUMENT # P03000135218					
1. Entity Name URUWIRELESS, CORP.					
Principal Place of Business 12 ALHAMBRA CIRCLE #6 CORAL GABLES, FL 33134			Mailing Address 12 ALHAMBRA CIRCLE #6 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 9731 FONTAINEBLEAU BLVD.		3. Mailing Address 9731 FONTAINEBLEAU BLVD.			
Suite, Apt. #, etc. Suite 209		Suite, Apt. #, etc. Suite 209			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-0405253	
Zip 33172		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERO, MARCELO E 12 ALHAMBRA CIRCLE #4 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name MARCELO E. RIVERO Street Address (P.O. Box Number is Not Acceptable) 9731 FONTAINEBLEAU BLVD. Suite 209 City MIAMI FL Zip Code 33172		
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:  MARCELO E. RIVERO 03/30/2007 <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-statuting) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME RIVERO, MARCELO E STREET ADDRESS 12 ALHAMBRA CIRCLE #4 CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE PD NAME MARCELO E. RIVERO STREET ADDRESS 9731 FONTAINEBLEAU BLVD. Suite 209 CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME RIVERO, MARIANA STREET ADDRESS 12 ALHAMBRA CIRCLE #4 CITY-ST-ZIP MIAMI, FL 33134	<input type="checkbox"/> Delete		TITLE VD NAME MARIANA RIVERO STREET ADDRESS 9731 FONTAINEBLEAU BLVD. Suite 209 CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the agent 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:  MARCELO E. RIVERO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/30/2007 305-229-4210 <small>Date Daytime Phone #</small>		