


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2004 8:00 am
Secretary of State

04-07-2004 90344 017 ***150.00

DOCUMENT # P03000142272 1. Entity Name MOBILE MEDIA CELLULAR CORP.					
Principal Place of Business 1692 MARKET STREET WESTON FL 33326		Mailing Address 1692 MARKET STREET WESTON FL 33326			
2. Principal Place of Business 911 NW 209 AVE Suite, Apt. #, etc. 111		3. Mailing Address 911 NW 209 AVE Suite, Apt. #, etc. 111			
City & State Pembroke Pines, FL Zip 33029		City & State Pembroke Pines, FL Zip 33029		4. FEI Number 32-0100091	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KHAIRELDW, GHASSAN 1692 MARKET STREET WESTON FL 33326			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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>					
FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME KHAIRELDW, GHASSAN		TITLE KHAIRELDin, Ghassan	NAME 911 NW 209 AVE #111	
STREET ADDRESS 1692 MARKET STREET	CITY-ST-ZIP WESTON FL 33326		STREET ADDRESS 911 NW 209 AVE #111	CITY-ST-ZIP Pembroke Pines, FL 33029	
TITLE VP	NAME EKHAIWESH, FAYEZ		TITLE EKhraiwesh FAYEZ	NAME ← SAME	
STREET ADDRESS 62 RUTH AVE	CITY-ST-ZIP CLIFTON NJ 07014		STREET ADDRESS ← SAME	CITY-ST-ZIP ← SAME	
TITLE VP	NAME AWAD, SHNEVER		TITLE _____		
STREET ADDRESS 939 LILLY COURT	CITY-ST-ZIP MORGANVILLE NJ 07751		STREET ADDRESS _____		
TITLE _____	NAME _____		TITLE _____		
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____		
TITLE _____	NAME _____		TITLE _____		
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 03-31-04 Daytime Phone # 954-436-9880		