

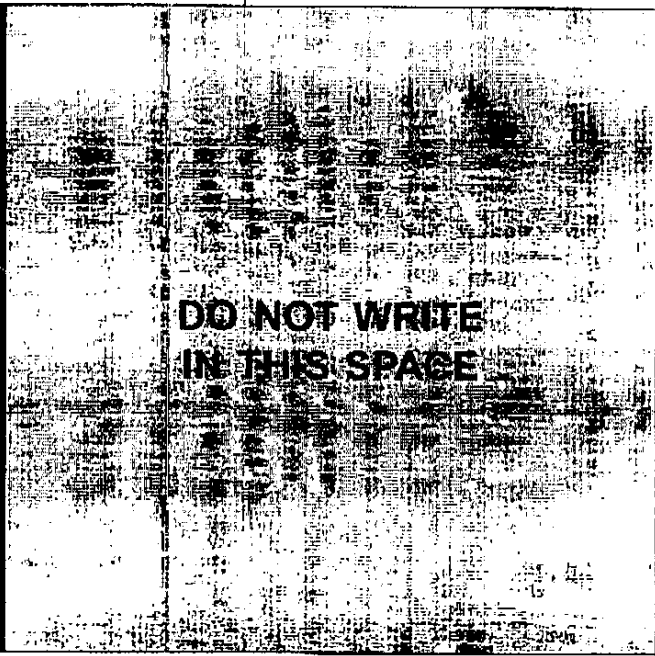
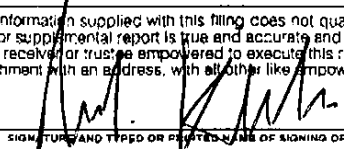
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CRUZ GORRIA

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90196 032 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000142272		
1. Entity Name MOBILE MEDIA CELLULAR CORP.		
Principal Place of Business 911 NW 209 AVENUE SUITE 111 PEMBROKE PINES, FL 33029 US	Mailing Address 911 NW 209 AVENUE SUITE 111 PEMBROKE PINES, FL 33029 US	 04282008 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent EKHRAIWESH, FAYEZ 1692 MARKET STREET WESTON, FL 33326		4. FEI Number 32-0100091 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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 _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EKHRAIWESH, FAYEZ 82 RUTH AVE CLIFTON, NJ 07014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EKHRAIWESH, FAYEZ 3901 SW 18th Avenue Miami, FL 33029	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 trustee empowered to execute this report as required by Chapter 807, 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: (X)  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		