

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90137 029 \*\*\*150.00

<b>DOCUMENT # P04000053098</b>																																																																																																											
<b>1. Entity Name</b> <b>SKF WIRELESS INC.</b>																																																																																																											
<b>Principal Place of Business</b> <b>17613 NW 61ST COURT NORTH</b> <b>HIALEAH, FL 33015</b>			<b>Mailing Address</b> <b>17613 NW 61ST COURT NORTH</b> <b>HIALEAH, FL 33015</b>																																																																																																								
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																									
City & State		City & State																																																																																																									
Zip	Country	Zip	Country	<b>4. FEI Number</b> <div style="font-size: 1.2em; font-family: cursive;">20-1053296</div>																																																																																																							
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																																							
<b>6. Name and Address of Current Registered Agent</b>  <b>SPIEGEL &amp; UTRERA, P.A.</b> <b>1840 SW 22ND ST.</b> <b>4TH FLOOR</b> <b>MIAMI, FL 33145</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																								
<b>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.</b>																																																																																																											
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)																																																																																																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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<b>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.</b>																																																																																																											
<b>SIGNATURE:</b> <i>Sm Nawaz Muhamed</i> <b>04-5-05</b> <b>305 (994-7133)</b>																																																																																																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																											