2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000053098

1. Entity Name
SKF WIRELESS INC.

Principal Place of Business	Mailing Address
17613 NW 61ST COURT NORTH HIALEAH, FL 33015	~~17613 NW 61ST COURT NORTH~~ ~~HIALEAH, FL 33015~~

1150 NW 72 Ave
Suite 555
Miami, FL 33126

04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1053296

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	MUHAMED, NAWAZ
STREET ADDRESS	17613 NW 61ST COURT NORTH
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	SD
NAME	HUSSAIN, SHARON S
STREET ADDRESS	17613 NW 61ST COURT NORTH
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	TD
NAME	HUSSAIN, KARIMA S
STREET ADDRESS	17613 NW 61ST COURT NORTH
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/06-90096-014 150.00

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 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: Nawaz Muhamed 4-18-06 305-994-2533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #