

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000061973

FILED
Jan 15, 2006
Secretary of State

Entity Name: CELLAMERICAS ENTERPRISES INC.

Current Principal Place of Business:

800 NE 195TH ST SUITE 313
MIAMI, FL 33179

New Principal Place of Business:

800 NE 195TH ST
SUITE 313
MIAMI, FL 33179

Current Mailing Address:

800 NE 195TH ST SUITE 313
MIAMI, FL 33179

New Mailing Address:

800 NE 195TH ST
SUITE 313
MIAMI, FL 33179

FEI Number: 81-0647592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGES, LAURENCE F
3530 MYSTIC POINTE DR.
APT # 1910
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOULD, DAVID
Address: 800 NE 195TH ST SUITE 313
City-St-Zip: MIAMI, FL 33179

Title: STD () Delete
Name: MAGES, LAURENCE F
Address: 800 NE 195TH ST SUITE 313
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURENCE F. MAGES

CFO

01/15/2006

Electronic Signature of Signing Officer or Director

Date