2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 08:00 AN Secretary of State

	ANNUAL I	KEPUKI				Sacrata	ry of Sta
DOCUI	MENT # P040001025			K	secretai	ry or St	
	WIRELESS SERVICES, INC.						
	e of Business KLAND PARK BLVD. #1030 DALE, FL 33311 US	Mailing Address 16655 HEMING WAY DR WESTON, FL 33325 US					
1000	O NOT WRITE	N THIS SPA	CE 2	01292008 4. FEI Numbe		CR2E034 (11/	Applied For
in the second of	(2) The second control of the con	en kan en en en en en en en en en en kan en		20-1343 5. Certificate of	B721 of Status Desired	\$8.75 Fee Re	Not Applicable Additional quired
	6. Name and Address of Current Reg	istered Agent		7	Francis e, e, e, e,	radruski reddi soli i Jilok Jewy	e de granda de car
	HARWAT MINGWAY DR. FL 33326				NOT W	ACE	
			Aseka Masullik , <u>- 3 mai 1986 Al</u> k	6 3 4 1 1 2 1 11 4 1 1 2	nd kownocuje, tok cure wije dan dan ko wn	an magana ay il da Maria da ay il da	and and an extension
	named entity submits this statement for the nons of registered agent.	e purpose of changing its register	ed office or register	ed agent, or both	n, in the State of Flo	orida. I am tamiliar	with, and accept
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SIGNATURE_	Signature, typed or printed name of registered agent and to	tie if applicable. (NOTE: Registere	t d'Agent signature required	when renstating)		DATE	
FIL	Squature, typed or printed name of registered agent and to E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution,	icing _ \$5.	when renstating) 00 May Be and to Fees		0922276 -80062-001	150.00
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12. Thereby 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 eath; 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.2-08

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