


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90005 036 ***150.00

DOCUMENT # P04000133908 1. Entity Name C WIRELESS VIDEO, INC.					
Principal Place of Business 2009 SW 1ST MIAMI, FL 33135			Mailing Address 2009 SW 1ST MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box # 108 SW 16 AVE		3. Mailing Address 108 SW 16 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI FL		4. FEI Number 20-1669022	
Zip 33135		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAVIE, JOSE O 2009 SW 1ST MIAMI, FL 33135		7. Name and Address of New Registered Agent Name GRAVIE, JOSE O Street Address (P.O. Box Number is Not Acceptable) 108 SW 16 AVE City MIAMI FL Zip Code 33135			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRAVIE, JOSE O 2009 SW 1ST MIAMI, FL 33135		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRAVIE, JOSE O 108 SW 16 AVE MIAMI, FL 33135	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 05-22-08 <small>Daytime Phone #</small>		