

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90063 006 ***158.75

DOCUMENT # P05000013216																							
1. Entity Name BUCKWILD WIRELESS, INC.																							
Principal Place of Business 11401 PINES BLVD. PEMBROKE PINES, FL 33026		Mailing Address 11401 PINES BLVD. PEMBROKE PINES, FL 33026																					
2. Principal Place of Business Pembroke Pines Mall 1104 Pines Blvd		3. Mailing Address 4813 SW 118th Terrace																					
City & State Pembroke Pines FL		City & State Cooper City FL																					
Zip 33026		Zip 33330																					
Country Broward		Country Broward																					
4. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		FEL Number 20-2230847																					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable																					
6. Name and Address of Current Registered Agent BROWN, STEVEN F 2184 WALKERS GLEN LANE JACKSONVILLE, FL 32246		7. Name and Address of New Registered Agent Name 4813 SW 118th Terrace City Cooper City FL Zip Code 33330																					
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: <u><i>Steven F Brown</i></u> Steven F Brown 8-18-06 <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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BROWN, STEVEN F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2184 WALKERS GLEN LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32246</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	BROWN, STEVEN F		STREET ADDRESS	2184 WALKERS GLEN LANE		CITY-ST-ZIP	JACKSONVILLE, FL 32246		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>4813 SW 118th Terrace</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Cooper City FL 33330</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	4813 SW 118th Terrace	STREET ADDRESS	Cooper City FL 33330	CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete																					
NAME	BROWN, STEVEN F																						
STREET ADDRESS	2184 WALKERS GLEN LANE																						
CITY-ST-ZIP	JACKSONVILLE, FL 32246																						
TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																						
NAME	4813 SW 118th Terrace																						
STREET ADDRESS	Cooper City FL 33330																						
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP					
TITLE	Delete <input type="checkbox"/>																						
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																						
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP					
TITLE	Delete <input type="checkbox"/>																						
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																						
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP					
TITLE	Delete <input type="checkbox"/>																						
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																						
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP					
TITLE	Delete <input type="checkbox"/>																						
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																						
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
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: <u><i>Steven F Brown</i></u> Steven F Brown 8-18-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 8-18-06 <small>Daytime Phone #</small>																					