2008 FOR PROFIT CORPORATION

Apr 24, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P05000135820 1. Entity Name DENNIS CELLULAR CORP. Principal Place of Business Mailing Address 1083 WEST 29 STREET 1083 WEST 29 STREET HIALEAH, FL 33012 HIALEAH, FL 33012 04182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3584913 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent VERDECIA, YOILAN DO NOT WRITE 9550 NW 35 COURT MIAMI, FL 33147 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME VERDECIA, YOILAN D 9550 NW 35 COURT STREET ADDRESS CITY-SI-ZIP MIAMI, FL 33147 TITLE VD RODRIGUEZ, ANA M NAME STREET ADDRESS 7155 W. 10 AVE. CITY - ST-ZIP HIALEAH, FL 33014 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this fitting 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 addirect with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NO TYPED OR PRINTED I

FILED