


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90157 018 ***150.00

DOCUMENT # P06000054507			
1. Entity Name L A WIRELESS, INC.			
Principal Place of Business 3540 MAHOGANY WAY CORAL SPRINGS, FL 33065		Mailing Address 3540 MAHOGANY WAY CORAL SPRINGS, FL 33065	
2. Principal Place of Business - No P.O. Box # 7522 Wiles Rd.		3. Mailing Address 7522 Wiles Rd.	
Suite, Apt. #, etc. 106B		Suite, Apt. #, etc. 106B	
City & State Coral springs, FL		City & State Coral springs	
Zip 33067	Country USA.	Zip 33067	Country USA
6. Name and Address of Current Registered Agent BERLINER, RANDY 3540 MAHOGANY WAY CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>Randy Berliner</u> <u>Randy Berliner</u> <u>04/09/07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P BERLINER, RANDY 3540 MAHOGANY WAY CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Randy Berliner</u> <u>Randy Berliner</u>		<u>04/09/07</u> <u>954-340-1116</u> Date Daytime Phone #	

40033033



04092007 Chg-P CR2E034 (12/06)

4. FEI Number **030587745** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**