

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90085 044 ***158.75

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|--|---|--|---|--|---|
| DOCUMENT # P06000155022 | | | |  | |
| 1. Entity Name CELLULAR SERVICE CENTER CORP | | | | | |
| Principal Place of Business 1081 ALLAMANDA WAY WESTON, FL 33327 | | | Mailing Address 1081 ALLAMANDA WAY WESTON, FL 33327 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-8063223 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROMANI, LUIS A 1081 ALLAMANDA WAY WESTON, FL 33327 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL |
| 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:  | | | | DATE: 1/19/07 | |
| 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 ROMANI, LUIS A 1081 ALLAMANDA WAY WESTON, FL 33327 | <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:  | | | | DATE: 1/19/07 (305)7932048 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | DATE (305)7932048 | |