

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000000208

FILED
Jan 23, 2008
Secretary of State

Entity Name: CELLULAR PLUS OF NAPLES INC.

Current Principal Place of Business:

6562 NW 103 TERRACE
PARKLAND, FL 33076 US

New Principal Place of Business:

Current Mailing Address:

6562 NW 103 TERRACE
PARKLAND, FL 33076 US

New Mailing Address:

135 EILEEN WAY
SYOSSET, NY 11791 US

FEI Number: 20-8146140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, BARRY
6562 NW 103 TERRACE
PARKLAND, FL 33076 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: KAPOOR, ANIL
Address: 11 WINCHESTER DRIVE
City-St-Zip: MUTTONTOWN, NY 11545 US

Title: VP () Delete
Name: SADANA, TARUN
Address: 25 WILDWOOD DRIVE
City-St-Zip: LAUREL HOLLOW, NY 11791 US

Title: VP () Delete
Name: LEVY, SCOTT
Address: 37 LEGENDS CIRCLE
City-St-Zip: MELVILLE, NY 11747 US

Title: VP () Delete
Name: VERMA, RANJAN
Address: 46 LEGENDS CIRCLE
City-St-Zip: MELVILLE, NY 11747 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANJAN VERMA

VP

01/23/2008

Electronic Signature of Signing Officer or Director

_____ Date