

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # PO7000022843
1. Entity Name MIAMI WORLD WIRELESS, INC.
 160 ROYAL PALM RD.
 HIALEAH GARDENS, FL. 33016 214

FILED
 09 JUL 10 AM 3:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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2. Principal Place of Business 12705 NW 42nd AVE 123 Suite, Apt. #, etc. OPA LOCKA FL. 33054 City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip	Country	Zip	Country
	OPA LOCKA		

500156726405
 06/03/09--01022--017 **1800.00
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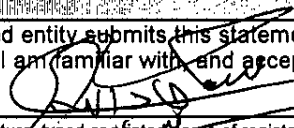
4. FEI Number 20-8547523	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SAMIR ZEIOUR
~~SAMIR ZEIOUR~~
 Street Address (P.O. Box Number is Not Acceptable)
 160 ROYAL PALM RD. 214
 HIALEAH GARDENS fl. 33016
 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 
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1, May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$81.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

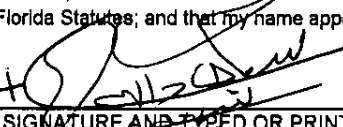
10. OFFICERS AND DIRECTORS

TITLE NAME Pre. vp. ST. SAMIR ZEIOUR	TITLE NAME Pre. vp. ST. SAMIR ZEIOUR
STREET ADDRESS 160 ROYAL PALM RD. 214	STREET ADDRESS 160 ROYAL PALM RD. 214
CITY-ST-ZIP HIALEAH GARDENS FL. 33016	CITY-ST-ZIP HIALEAH GARDENS FL. 33016
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11.

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **President** 4-27-09
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #