

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90012 017 ***150.00

DOCUMENT # P07000023570

1. Entity Name
GSM UNLOCK PHONES INC



Principal Place of Business
**11401 NW 12TH STREET
CART 45
MIAMI, FL 33172**

Mailing Address
**18331 PINES BLVD
#158
PEMBROKE PINES, FL 33029**

40048460



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03052008 Chg-P CR2E034 (12/06)

4. FEI Number
42-1724169

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARRIOS, LUIS A
18213 SW 5TH STREET
PEMBROKE PINES, FL 33029**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **BIANCO, BETTY N**
STREET ADDRESS **18213 SW 5TH STREET**
CITY - ST - ZIP **PEMBROKE PINES, FL 33029**

TITLE **P** ☒ Change ☐ Addition
NAME **LUIS A. BARRIOS**
STREET ADDRESS **18213 SW 5th STREET**
CITY - ST - ZIP **PEMBROKE PINES, FL 33029** ☐ Change ☐ Addition

TITLE **S** ☒ Delete
NAME **BARRIOS, LUIS A**
STREET ADDRESS **18213 SW 5TH STREET**
CITY - ST - ZIP **PEMBROKE PINES, FL 33029**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

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 reports 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: **LUIS A. BARRIOS, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/08
Date

305 477 2484
Daytime Phone #