## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000088770

Entity Name: INFOWIRELESS INC

City-St-Zip:

MIAMI, FL 33193

FILED Jun 24, 2009 Secretary of State

| Current Principal PI                                      | ace of Business:   | New Principal Place                          | New Principal Place of Business:             |  |
|---|--|--|--|--|
| 16640 SW 82ND STREET<br>MIAMI, FL 33193                   |  | 175 FOUNTAINEBLEU<br>1G-9<br>MIAMI, FL 33173 |  |  |
| Current Mailing Address:                                  |  | New Mailing Address                          | New Mailing Address:                         |  |
| 16640 SW 82ND STR<br>MIAMI, FL 33193                      | EET  |  |  |  |
| FEI Number: 26-3454055                                    | FEI Number Applied For ( )   | FEI Number Not Applicable ( )                | Certificate of Status Desired ( )            |  |
| Name and Address  | of Current Registered Agent:   | Name and Address o                           | Name and Address of New Registered Agent:    |  |
| ZAMBRANA, HAROL<br>16640 SW 82ND STR<br>MIAMI, FL 33193 U |  |  |  |  |
| The above named ent in the State of Florida.              |  | purpose of changing its registered           | d office or registered agent, or both,       |  |
| SIGNATURE:  |  |  |  |  |
| Electronic Signature of Registered Agent                  |  | ent  | Date   |  |
|   | 7.193(2)(b), F.S., the corporation did nocing Trust Fund Contribution ( ). | ot receive the prior notice.                 |  |  |
| OFFICERS AND DIRECTORS:                                   |  | ADDITIONS/CHANGE                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
|   | ()Delete<br>A, HAROLDO<br>82ND STREET                                      | Title:<br>Name:<br>Address:                  | ( ) Change ( ) Addition                      |  |

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: HAROLDO ZAMBRANA PVPS 06/24/2009