2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P96000086186

Entity Name: MICEL WIRELESS CORP.

Current Principal Place of Business:

13701 N KENDALL DR
STE 306
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13701 N KENDALL DR
STE 306
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0707346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOON, SUSAN
16417 SW 73RD LN
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

BULLIS, KARY
13701 N KENDALL DRIVE
SUITE 306
MIAMI, FL 33193 US

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: KARY BULLIS 04/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOON, DAVID
Address: 16417 SW 73RD LN
City-St-Zip: MIAMI, FL 33193

Title: VPD ( ) Delete
Name: BARROS, PEDRO
Address: 14001 SW 100 AVE
City-St-Zip: MIAMI, FL 33176

Title: DOF ( ) Delete
Name: BOON, SUSAN
Address: 16417 SW 73RD LN
City-St-Zip: MIAMI, FL 33193

Title: D ( ) Delete
Name: FERNANDEZ, MARIA LUISA
Address: 14001 SW 100TH AVE
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Delete
Name: BULLIS, KARY
Address: 15960 SW 77 ST
City-St-Zip: MIAMI, FL 33193

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KARY BULLIS S 04/29/2005
Electronic Signature of Signing Officer or Director Date