2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000076988

Entity Name: ELECTRONIC WIRELESS CORP.

FILED Oct 21, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5748 NW 199 STREET 5061 SOUTH STATE RD #7 UNIT #604

MIAMI, FL 33015 **DAVIE, FL 33314**

Current Mailing Address: New Mailing Address:

5748 NW 199 STREET 1650 NW 95 AVENUE MIAMI, FL 33015 MIAMI, FL 33172

FEI Number: 65-0780484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PESANTES, FABIAN PESANTES, FABIAN 1830 W. BROWARD BLVD 1650 NW 95 AVENUE US FORT LAUDERDALE, FL 33312 MIAMI, FL 33172

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: FABIAN PESANTES 10/21/2004

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete PESANTES, FABIAN Name:

1830 W. BROWARD BLVD Address: City-St-Zip: FORT LAUDERDALE, FL 33312

Title: () Delete PESANTES, ELISEA Name: 5748 NW 199 ST Address: MIAMI, FL 33015

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition PESANTES, FABIAN Name:

1650 NW 95 AVENUE Address: City-St-Zip: MIAMI, FL 33172

Title: (X) Change () Addition

PESANTES, ELISEA Name: Address: 1650 NW 95 AVENUE MIAMI, FL 33015 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: FABIAN PESANTES **PRES** 10/21/2004