

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000009357

1. Entity Name
WAREHOUSE CELLULAR, INC.



FILED

05 FEB 21 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O FLAMINGO BROKER
6701 N.W. 84TH AVENUE
MIAMI, FL

Mailing Address
C/O FLAMINGO BROKER
6701 N.W. 84TH AVENUE
MIAMI, FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162005

Chg-P

CR2E034 (10/03)

MRS

4. FEI Number
65-0839693

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YAMIN, ROBERTO
6701 NW 84TH AVENUE
MIAMI, FL 33166

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LUGO, DEYAMIRA
847 SW 154 COURT
MIAMI, FL 33194 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S/T/D
DENNIS R. YAMIN
847 SW 154 CT
MIAMI, FL 33194 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
YAMIN, ROBERTO
AV CIRCUNVALACION DEL SOL, CENTRO COMERCIAL
EMPRESARIAL EL SOL STA PAULA, CARACAS ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800047932228
03/08/05--01029--013 ***150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X D S*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/05
Date

786-2672198
Daytime Phone #