2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2004 8:00 am Secretary of State 05-03-2004 91020 049 ***150.00 **DOCUMENT # P98000097425** EDMAR WIRELESS GROUP, INC. Principal Place of Business Mailing Address 94081671 7891 WEST FLAGER ST. 7891 WEST FLAGER ST. 134 SUITE 134 SUITE MIAMI, FL 33144 MIAMI, FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. ≠, etc. 04132004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0877683 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARDONA, EDGAR O Street Address (P.O. Box Number is Not Acceptable) 7891 WEST FLAGER ST., SUITE 134 MIAMI, FL 33144 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change Addition CARDONA, EDGAR O NAME NAME STREET ADDRESS 7891 WEST FLAGER ST, STE. 134 STRUCT ADDRESS CITY-ST-ZIP MIAMI, FL 33144 CITY-ST-7IP TITLE Delete fill F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STEEST ADDRESS CITY-ST-7IP CITY-ST-ZIP HILE Delete 1000 ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP TITLE Delete 1010 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Dalete TITLE Change Addition NAME NAME

12. Thereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-GT-ZIP

STREET ADDRESS.

04-12-04 305-3050882-

FILED