2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 30, 2006 8:00 am
Secretary of State
05-09-2006 90066 042 ***150.00

DOCUMENT # P98000108094

1. Entity Name
ZEUS WIRELESS CORP.

Principal Place of Business	Mailing Address
10208 NW 50TH STREET SUNRISE, FL 33351-8045 US	10208 NW 50TH STREET SUNRISE, FL 33351 US

66021131

04292006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3862 Falcon Ridge Circle	3862 Falcon Ridge Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston FL	City & State: Weston, FL
Zip: 33331 Country: U.S.A.	Zip: 33331 Country: U.S.A.

4. FEI Number 65-0886016 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIOS, ARMANDO
3862 FALCON RIDGE CIRCLE
WESTON, FL 33331

7. Name and Address of New Registered Agent

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	RIOS, ARMANDO	
STREET ADDRESS	3862 FALCON RIDGE CIR	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	D	☐ Delete
NAME	RIOS, GIA J	
STREET ADDRESS	3862 FALCON RIDGE CIR	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Armando Rios 6-19-06 (954) 608-2014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #