2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State
08-11-2004 90003 040 ***550.00

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07202004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000002072

1. Entity Name
WIRELESS DELTA, INC.

Principal Place of Business	Mailing Address
4023 W. WATERS AVENUE SUITE 14-108 TAMPA, FL 33614	4023 W. WATERS AVENUE SUITE 14-108 TAMPA, FL 33614
2. Principal Place of Business: 5452 W. Crenshaw St.	3. Mailing Address: 5452 W. Crenshaw St.
Suite, Apt. #, etc.: #6-108	Suite, Apt. #, etc.: #6-108
City & State: Tampa FL	City & State: Tampa FL
Zip: 33634 Country:	Zip: 33634 Country:

4. FEI Number 59-3564907 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUAREZ, CHRIS
~~4023 W. WATERS AVENUE~~ 5452 W. Crenshaw St
~~#14-108~~ #6-108
~~TAMPA, FL 33614~~ Tampa FL 33634

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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	PD SUAREZ, CHRIS 4023 W. ~~WATERS AVENUE~~, #14-108 ~~TAMPA~~, FL 33614 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5452 W. Crenshaw St. #6-108 Tampa FL 33634 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Chris Suarez 8/06/04 714-241-1410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #