

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000080071

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: CELLULAR OUTLET INC.

## Current Principal Place of Business:

260 N.W. LEJEUNE ROAD  
MIAMI, FL 33126

## New Principal Place of Business:

## Current Mailing Address:

260 N.W. LEJEUNE ROAD  
MIAMI, FL 33126

## New Mailing Address:

FEI Number: 65-0977481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LISSETTE PRATSH  
6823 LOCHNESS DRIVE  
HIALEAH, FL 33014 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FAUSTO, MARTINEZ  
Address: 6823 LOCHNESS DR  
City-St-Zip: MIAMI LAKES, FL 33014

Title: P ( ) Delete  
Name: TORRES, MICHAEL  
Address: 6823 LOCHNESS DR.  
City-St-Zip: HIALEAH, FL 33014

Title: VP ( ) Delete  
Name: PRATS, LISSETTE  
Address: 6823 LOCHNESS DR.  
City-St-Zip: MIAMI LAKES, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: LISSETTE, PRATS  
Address: 6823 LOCHNESS DR.  
City-St-Zip: MIAMI LAKES, FL 33014

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: MICHAEL TORRES

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date