

DOCUMENT # **999000088784**
1. Entity Name **Wireless Credit Transfers, Inc**

Principal Place of Business **777 E. Atlantic Ave.
Suite 218
Delray Beach FL 33483**
Mailing Address **777 E. Atlantic Ave
Suite 218
Delray Beach FL 33483**

2. Principal Place of Business **777 E. Atlantic Ave**
Suite, Apt. #, etc. **218**
City & State **Delray Beach FL**
Zip **33483** Country **United States**
3. Mailing Address **777 E. Atlantic Ave**
Suite, Apt. #, etc. **218**
City & State **Delray Beach FL**
Zip **33483** Country **United States**

6. Name and Address of Current Registered Agent
**Richard P. Greene P.A.
2455 East Sunrise Blvd
Suite 905
Fort Lauderdale FL 33304**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when relocating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE NAME **President / Director** ☒ Delete
Jose R. Trujillo
STREET ADDRESS **777 E. Atlantic Ave.**
CITY-ST-ZIP **Delray Beach FL 33483**
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME **President** ☒ Change ☒ Addition
Rebecca J. Del Medico
STREET ADDRESS **6261 Floridian Cir.**
CITY-ST-ZIP **Lake Worth FL 33463**
TITLE NAME ☐ Change ☒ Addition
Eileen Harkin
STREET ADDRESS **777 E. Atlantic Ave.**
CITY-ST-ZIP **Delray Beach FL 33483**
3000004488229--9
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Rebecca J. Del Medico, Pres.** **Rebecca J. Del Medico** 7/19/01 561 964-6622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

01 JUL 20 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)



pg 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 230537 . 96749A

AUTHORIZATION :

Patricia Pizote

COST LIMIT : \$ 550.00

ORDER DATE : July 20, 2001

ORDER TIME : 11:53 AM

ORDER NO. : 230537-010

CUSTOMER NO: 96749A

CUSTOMER: Rebecca J. Del Medico, Esq
Rebecca J. Del Medico, Esq
6281 Floridian Circle

Lake Worth, FL 33463

ANNUAL REPORT FILING

NAME: WIRELESS CREDIT TRANSFERS,
INC.

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 JUL 20 PM 1:05
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Betty Young-EXT#112

EXAMINER'S INITIALS:

[Handwritten signature]