

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # S37847</b>		
1. Entity Name ATC WIRELESS SERVICES, INC.		
Principal Place of Business 6135 NW 167TH ST., #6-27 HIALEAH, FL 33015 US		Mailing Address 6135 NW 167TH ST., #6-27 HIALEAH, FL 33015 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		
04282005 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0270467		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
DE LA TORRE, GRACE 6135 N.W. 167TH STREET E-27 MIAMI, FL 33015		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DE LA TORRE, GRACE 6135 N.W. 167TH STREET, E-27 MIAMI, FL 33015	<b>DO NOT WRITE IN THIS SPACE</b>  U00000362370 05/05/05-80115-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DE LA TORRE, RODOLFO 6135 N.W. 167TH STREET, E-27 MIAMI, FL 33015	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____		