

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90119 042 ***158.75

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DOCUMENT # P02000122637

1. Entity Name
ECONOTEL, CORPORATION



Principal Place of Business
**17075 SW 74 PLACE
MIAMI FL 33157**

Mailing Address
**17075 SW 74 PLACE
MIAMI FL 33157**



2. Principal Place of Business
5201 BLUE LAGOON DRIVE 9th FLOOR

3. Mailing Address
5201 BLUE LAGOON DRIVE 9th FLOOR

Suite, Apt. #, etc. **922**

CHECK HERE IF MAKING CHANGES

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip
33126

Country
USA

Zip
33126

Country
USA

4. FEI Number
14-1858232

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LILLO, CARLOS
17075 SW 74 PLACE
MIAMI FL 33157

7. Name and Address of New Registered Agent

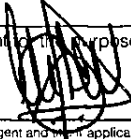
Name **Lillo, Carlos**

Street Address (P.O. Box Number is Not Acceptable)

5201 BLUE LAGOON DRIVE 9th FLOOR SUITE 922

City **MIAMI** FL Zip Code **33126**

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 **APRIL 8, 2003**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LILLO, CARLOS 17075 SW 74 PLACE MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lillo, Carlos 5201 BLUE LAGOON DRIVE 9 th FLOOR SUITE 922 MIAMI FLORIDA 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 authority empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE **APRIL 8, 2003** DAYTIME PHONE # **(305) 416-4011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)