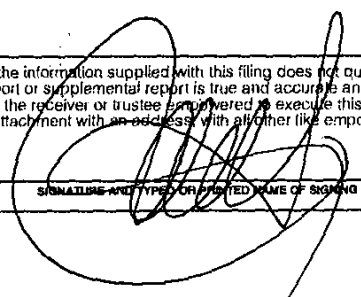


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90385 001 ***150.00
04-29-2004 90385 002 *****8.75

DOCUMENT # P03000112312 1. Entity Name INFOTEL GROUP CORP.																																	
Principal Place of Business 4405 NW 73 AVE SB 010-109191 MIAMI, FL 33166			Mailing Address 4405 NW 73 AVE SB 010-109191 MIAMI, FL 33166																														
2. Principal Place of Business 4405 NW 73 AVE		3. Mailing Address Suite, Apt. #, etc. SB - 010-109191																															
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 04222004 Chg-P CR2E034 (10/03)																													
Zip 33166		Country E.U.A		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete</td> </tr> <tr> <td>NAME</td> <td>ARNESON, WALTER D</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>4405 NW 73 AVE SB 010-109191</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI, FL 33166</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change</td> <td style="width: 20%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td></td> </tr> </table>						TITLE	NAME	Delete	NAME	ARNESON, WALTER D	☐	STREET ADDRESS	4405 NW 73 AVE SB 010-109191		CITY- ST- ZIP	MIAMI, FL 33166		TITLE	NAME	Change	Addition	NAME		☐	☐	STREET ADDRESS				CITY- ST- ZIP			
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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:  ARNESON, WALTER DANIEL APRIL 20, 2004																																	