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Apr 29, 2004 8:00 am
Secretary of State

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

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000112312

1. Entity Name
INFOTEL GROUP CORP.

Principal Place of Business	Mailing Address
4405 NW 73 AVE SB 010-109191 MIAMI, FL 33166	4405 NW 73 AVE SB 010-109191 MIAMI, FL 33166

66416739

04222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4405 NW 73 AVE	
Suite, Apt. #, etc.: SB-010-109191	Suite, Apt. #, etc.:
City & State: MIAMI FLORIDA	City & State:
Zip: 33166 Country: E.U.A	Zip: Country:

4. FEI Number ☐ Applied For ☒ Not Applicable

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

TITLE	PD	☐ Delete
NAME	ARNESON, WALTER D	
STREET ADDRESS	4405 NW 73 AVE SB 010-109191	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	SD	☐ Delete
NAME	ARNESON, MIRTA G	
STREET ADDRESS	4405 NW 73 AVE SB 010-109191	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 DNIEL APRIL 20, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #