

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000087391

FILED  
Jan 03, 2005  
Secretary of State

Entity Name: FLATEL, INC.

**Current Principal Place of Business:**

2300 PALM BEACH LAKES BLVD  
EXECUTIVE CENTER SUITE 210  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

2300 PALM BEACH LAKES BLVD  
EXECUTIVE CENTER SUITE 210  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

FEI Number: 65-0788827      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOLAR, ADRIANA  
2300 PALM BEACH LAKES BLVD  
EXECUTIVE CENTER SUITE 210  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: COO      ( ) Delete  
Name: SOLAR, VICTOR  
Address: 9601 WORSWICK CT  
City-St-Zip: WELLINGTON, FL 33414 US

Title: CFO      ( ) Delete  
Name: SOLAR, ADRIANA  
Address: 9601 WORSWICK CT  
City-St-Zip: WELLINGTON, FL 33414 US

Title: CEO      ( ) Delete  
Name: MATARI, ABIDO  
Address: 15495 MEADOW WOOD DR  
City-St-Zip: WELLINGTON, FL 33414

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P      ( ) Change (X) Addition  
Name: SOLAR, ADRIANA  
Address: 9601 WORSWICK CT  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIANA SOLAR

P

01/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date