2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000022543

1. Entity Name
EXECUTEL, INC.

Principal Place of Business	Mailing Address
2700 WEST ATLANTIC BLVD. SUITE 200-16 POMPANO BEACH, FL 33012	8711 SHADOW WOOD BLVD. SUITE 107 CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

05022005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0715192

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARMONA, DANIEL
8711 SHADOW WOOD BLVD.
SUITE 107
CORAL SPRINGS, FL 33071

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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 _____ 4/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

~~$150.00~~
FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

UI#000365044
05/09/05-80019-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARMONA, DANIEL
STREET ADDRESS	8711 SHADOW WOOD BLVD.
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
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: _____ 4/30/05 (954) 340-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #