

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F58286

Entity Name: COMTEL, INC.**Current Principal Place of Business:**C/O DOLORES SUKHDEO
14901 NE 20TH AVENUE
MIAMI, FL 33181-1121**Current Mailing Address:**C/O DOLORES SUKHDEO
P.O. BOX 610002
MIAMI, FL 33261-0002 US**FEI Number:** 59-2142968**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUKHDEO, DOLORES
14901 NE 20TH AVE
MIAMI, FL 33181-1121 US*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:** DOLORES SUKHDEO

02/04/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LOWELL, JACK
Address 2855 LEJEUNE ROAD
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT, CEO
Name SUKHDEO, DOLORES
Address 14901 NE 20TH AVENUE
City-State-Zip: MIAMI FL 33181

Title DIRECTOR
Name WEAVER, GEORGE W
Address 5300 N FEDERAL HIGHWAY
City-State-Zip: FT. LAUDERDALE FL 33308

Title SECRETARY
Name SOCIAS, PEGGY
Address 14901 NE 20TH AVENUE
City-State-Zip: MIAMI FL 33181

Title TREASURER
Name CARROLL, SHIRLEY C
Address 14901 NE 20TH AVENUE
City-State-Zip: MIAMI FL 33181

Title DIRECTOR
Name ELMORE, GEORGE
Address 2101 S CONGRESS AVENUE
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name HANTMAN, SUSAN
Address 11900 BISCAYNE BOULEVARD
SUITE 501
City-State-Zip: NORTH MIAMI FL 33181

Title DIRECTOR
Name RODRIGUEZ, RAMON
Address 14901 NE 20TH AVENUE
City-State-Zip: MIAMI FL 33181

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I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY C. CARROLL

TREASURER

02/04/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	CHAIRMAN, DIRECTOR
Name	SILVERS, LAURIE
Address	2255 GLADES ROAD SUITE 221A
City-State-Zip:	BOCA RATON FL 33431