


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90037 038 ***150.00

DOCUMENT # F58286	
1. Entity Name COMTEL, INC.	

Principal Place of Business C/O GEORGE DOOLEY 14901 N.E. 20TH AVENUE MIAMI, FL 33181-1121	Mailing Address C/O GEORGE DOOLEY 14901 N.E. 20TH AVENUE MIAMI, FL 33181-1121
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2. Principal Place of Business C/O RICHARD W. SCHNEIDER	3. Mailing Address C/O RICHARD W. SCHNEIDER
Suite, Apt. #, etc. 14901 N.E. 20TH AVENUE	Suite, Apt. #, etc. 14901 N.E. 20TH AVENUE
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33181-1121	Country USA



01192005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2142968	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOOLEY, GEORGE 14901 N E 20TH AVE MIAMI, FL 33181-1121	Name RICHARD W. SCHNEIDER
	Street Address (P.O. Box Number is Not Acceptable) 14901 N.E. 20TH AVENUE
	City MIAMI
	FL Zip Code 33181-1121

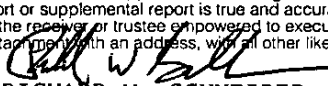
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **RICHARD W. SCHNEIDER, PRESIDENT & CEO**  **1/19/05**
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAAL, ROBERT G.		NAME BAAL, ROBERT G.	
STREET ADDRESS 8900 NORTH KENDALL DRIVE		STREET ADDRESS 8900 NORTH KENDALL DRIVE	
CITY-ST-ZIP MIAMI, FL		CITY-ST-ZIP MIAMI, FLORIDA	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DOOLEY, GEORGE		NAME SCHNEIDER, RICHARD W.	
STREET ADDRESS 14901 NE 20TH AVENUE		STREET ADDRESS 14901 NE 20TH AVENUE	
CITY-ST-ZIP MIAMI, FL		CITY-ST-ZIP MIAMI, FLORIDA	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEAVER, GEORGE W.		NAME JORDAN, ROBERT K.	
STREET ADDRESS 871 E. COMMERCIAL BLVD		STREET ADDRESS 10480 SW 122ND STREET	
CITY-ST-ZIP FT. LAUDERDALE, FL		CITY-ST-ZIP MIAMI, FLORIDA	
TITLE S	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOCIAS, PEGGY		NAME JORDAN, ROBERT K.	
STREET ADDRESS 14901 NE 20TH AVENUE		STREET ADDRESS 10480 SW 122ND STREET	
CITY-ST-ZIP MIAMI, FL		CITY-ST-ZIP MIAMI, FLORIDA	
TITLE T	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARROLL, SHIRLEY C		NAME JORDAN, ROBERT K.	
STREET ADDRESS 14901 NE 20TH AVENUE		STREET ADDRESS 10480 SW 122ND STREET	
CITY-ST-ZIP MIAMI, FL		CITY-ST-ZIP MIAMI, FLORIDA	
TITLE C	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JORDAN, ROBERT K		NAME JORDAN, ROBERT K.	
STREET ADDRESS 10480 SW 122ND STREET		STREET ADDRESS 10480 SW 122ND STREET	
CITY-ST-ZIP MIAMI, FL 33176		CITY-ST-ZIP MIAMI, FLORIDA	

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: **RICHARD W. SCHNEIDER, PRESIDENT & CEO**  **1/19/05** (305) 424-4250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #