


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # F58286

1. Entity Name
COMTEL, INC.



Principal Place of Business
**C/O RICHARD W. SCHNEIDER
 14901 N.E. 20TH AVENUE
 MIAMI, FL 33181-1121**

Mailing Address
**C/O RICHARD W. SCHNEIDER
 14901 N.E. 20TH AVENUE
 MIAMI, FL 33181-1121**

DO NOT WRITE IN THIS SPACE



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2142968

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHNEIDER, RICHARD W
 14901 N E 20TH AVE
 MIAMI, FL 33181-1121**

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BERENS, FRED 200 S BISCAYNE BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNEIDER, RICHARD W 14901 NE 20TH AVENUE MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, GEORGE W. 871 E. COMMERCIAL BLVD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOCIAS, PEGGY 14901 NE 20TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARROLL, SHIRLEY C 14901 NE 20TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, ROBERT K 10480 SW 122ND STREET MIAMI, FL 33176

00000828960
 02/26/08-80023-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE:  **Richard W. Schneider** **2/6/08** **305-949-8321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #