

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91001 042 ***150.00

DOCUMENT # F77178					
1. Entity Name MORTEL INVESTMENTS, INC.					
Principal Place of Business C/O ELLIOT KATLON PA 20801 BISCAYNE BLVD., STE 505 AVENTURA, FL 33180 US			Mailing Address C/O ELLIOT KATLON PA 20801 BISCAYNE BLVD., STE 505 AVENTURA, FL 33180 US		
2. Principal Place of Business 23123 STATE RD 7 Suite 403 230		3. Mailing Address 40 Elliot Kaplan, CPA, PA 20801 Biscayne Boulevard Suite 403 Aventura, FL 33180			
City & State BOCA RATON, FL		4. FEI Number 59-2185254		Applied For <input type="checkbox"/> Not Applicable	
Zip 33428		Country PALM BEACH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCRAE, MITCHELL 23003 S STATE RD 7 BOCA RATON, FL 33426			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE SD	NAME WENDMAN, ELSA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 23123 STATE RD. 7	CITY-ST-ZIP BOCA RATON, FL 33428		STREET ADDRESS		CITY-ST-ZIP
TITLE PDT	NAME WENDMAN, NORTON	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 23123 STATE RD 7	CITY-ST-ZIP BOCA RATON, FL 33428		STREET ADDRESS		CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
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STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS		CITY-ST-ZIP
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:			4-29-04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		