


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F77178 1. Entity Name MORTEL INVESTMENTS, INC.	
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Principal Place of Business 23123 STATE ROAD 7 SUITE 230 BOCA RATON, FL 33428 US	Mailing Address C/O ELLIOT KAPLAN, CPA, PA 20801 BISCAYNE BLVD., STE 403 AVENTURA, FL 33180 US
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01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2185254	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCRAE, MITCHELL 23003 S STATE RD 7 BOCA RATON, FL 33426

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

U000000221962
02/09/05-80052-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WENDMAN, ELSA 23123 STATE RD. 7 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT WENDMAN, NORTON 23123 STATE RD 7 BOCA RATON, FL 33428
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Norton Wendman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/05
Date

Daytime Phone #

NORTON WENDMAN