


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90078 038 ***150.00

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|--|---|--|--|--|--|
| DOCUMENT # F77178 1. Entity Name MORTEL INVESTMENTS, INC. | | | |  | |
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite Elliot Kaplan, PA Certified Public Accountant 20801 Biscayne Blvd. Ste. 506 Aventura FL 33180 | | | |
| City & State Zip | | City Zip | | Country | |
| 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 Friedman, Rosenwasser, & Goldbaum, P.A. Street Address (P.O. Box Number is Not Acceptable) 5355 Town Center Rd., Ste. 801 City Boca Raton FL Zip Code 33486 | |
| 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: <u>Ron Rosenwasser, VP Ron Rosenwasser</u> DATE: <u>4-11-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WENDMAN, ELSA 23123 STATE RD. 7 BOCA RATON, FL 33428 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDT WENDMAN, NORTON 23123 STATE RD 7 BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT Wendman, Elsa 23123 State Road 7 Boca Raton, FL 33428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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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 all other like empowered. | | | | | |
| SIGNATURE: <u>Elsa Wendman</u> <u>16/04/07</u> <u>561-451-0095</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |