

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001444

Entity Name: XENTEL INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

101 NE 3RD AVENUE
#203
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

101 NE 3RD AVENUE
#203
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0896267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WAGONER, DONNA M
101 NE 3RD AVENUE
#203
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: PLATZ, MICHAEL P
Address: 101 NE 3RD AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VP () Delete
Name: PIELSTICKER, PETER
Address: 8000 JANE ST., SUITE A401
City-St-Zip: CONCORD, ONTARIO, L4K5B8,

Title: SEC () Delete
Name: BLOOM, DEBBIE
Address: 8000 JANE ST., SUITE A401
City-St-Zip: CONCORD, ONTARIO, L4K5B8,

Title: PRES () Delete
Name: WINOGRAD, DAVID
Address: 312 EAST WISCONSIN AVE., #314
City-St-Zip: MILWAUKEE, WI 53202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID WINOGRAD

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date