

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K20696

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: MIAMI BUSINESS TELEPHONES, CORP.

**Current Principal Place of Business:**

4933 SW 74 CT  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

4933 SW 74 CT  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 65-0042634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COLLANTES, NESTOR J  
3765 SW 133 PL  
MIAMI, FL 33175 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 ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: COLLANTES, NESTOR J  
Address: 3765 SW 133 PL  
City-St-Zip: MIAMI, FL 33175

Title: VP ( ) Delete  
Name: COLLANTES, LILIBETH E  
Address: 3765 SW 133 PL  
City-St-Zip: MIAMI, FL 33175

Title: SD ( ) Delete  
Name: COLLANTES, MARIA E  
Address: 3765 SW 133 PLACE  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: COLLANTES, LILIBETH  
Address: 3765 SW 133 PL  
City-St-Zip: MIAMI, FL 33175

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: LILIBETH COLLANTES

VP

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date