


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L01000019025					
1. Entity Name <b>CETEL, LLC</b>					
Principal Place of Business 424 E. CENTRAL BLVD # 106 ORLANDO, FL 32801 US			Mailing Address 424 E. CENTRAL BLVD # 106 ORLANDO, FL 32801 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>52-2356549</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  SZAFRICS, IMRE 424 E. CENTRAL BLVD # 106 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name <b>IMWORLD SERVICES INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>424 E. CENTRAL BLVD</b> <b># 106</b> City <b>ORLANDO</b> FL Zip Code <b>32801</b>	
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><i>IMRE SZAFRICS</i></u> IMRE SZAFRICS DATE <u>2/28/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2009 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATAI-PAL, LASZLO IGMANDI U. 39 3 EM. 1 BUDAPEST, HU 1112 <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	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: <u><i>KATAI-PAL, LASZLO</i></u> <b>KATAI-PAL, LASZLO</b> Date <u>FEB 20, 2008</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

60012149



02132008 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable