


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90120 001 ***400.00

DOCUMENT # L04000038345 1. Entity Name CALATEL, L.L.C.	
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Principal Place of Business 6422 COLLINS AVENUE, STE. 504 MIAMI, FL 33141	Mailing Address 6422 COLLINS AVENUE, STE. 504 MIAMI, FL 33141
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04262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1155572	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent AGRAMUNT, LUIS 1114 SOUTH DOUGLAS RD SUITE 6 CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CALATEL, LTD. 6422 COLLINS AVENUE, STE. 504 MIAMI, FL 33141
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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: *[Signature]* CALATEL LTD (MGR) 04/15/2006 (305) 668-3027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #