From:

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90249 050 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000014412

1. Entity Name
GIGATEL COMMUNICATIONS, INC.

14022501

Principal Place of Business	Mailing Address
6175 NW 153 ST., #101 HIALEAH, FL 33014	6175 NW 153 ST., #101 HIALEAH, FL 33014

04272004 Chg-P CR2E094 (10/03)

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — County

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — County

4. FEI Number: 65-0982143 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~NORIEGA, ROLANDO~~
~~6565 N.W. 36TH STREET~~
~~SUITE #115~~
~~MIAMI, FL 33166~~

7. Name and Address of New Registered Agent

Name: VERONICA NORIEGA
Street Address (P.O. Box Number is Not Acceptable): 6175 N.W. 153rd ST 101
City: Miami Lakes FL Zip Code: 33014

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] (NOTE: Registered Agent Signature required when reinstating) DATE: 4/27/04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ~~SD~~ NAME ~~NORIEGA, ROLANDO~~ STREET ADDRESS ~~6565 N.W. 36TH STREET~~ CITY-ST-ZIP ~~MIAMI, FL 33166~~	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VPTD NAME NORIEGA, VERONICA STREET ADDRESS ~~6565 N.W. 36TH STREET~~ CITY-ST-ZIP ~~MIAMI, FL 33166~~	☐ Delete	TITLE P NAME STREET ADDRESS 6175 N.W. 153rd ST 101 CITY-ST-ZIP Miami Lakes, FL 33014	☒ Change ☒ Addition
TITLE ~~SD~~ NAME ~~DIGIO, ALEX~~ STREET ADDRESS ~~6565 N.W. 36TH STREET~~ CITY-ST-ZIP ~~MIAMI, FL 33166~~	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 4/27/04 305-231-6993
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #