

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111487

FILED  
Apr 07, 2004  
Secretary of State

Entity Name: CONNECT TEL CORP.

**Current Principal Place of Business:**

2035 HARDING ST.  
SUITE 201  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2035 HARDING ST.  
SUITE 201  
HOLLYWOOD, FL 33020

**New Mailing Address:**

822 SW BRYAN PLACE  
FORT LAUDERDALE, FL 33312 US

FEI Number: 65-1059595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: +STD ( ) Delete  
Name: TASHMAN, LISA  
Address: 512 SOUTHEAST 10TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33312

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

Title: +STD (X) Change ( ) Addition  
Name: TASHMAN, LISA  
Address: 822 SW BRYAN PLACE  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LISA TASHMAN

PRES

04/07/2004

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

\_\_\_\_\_ Date