
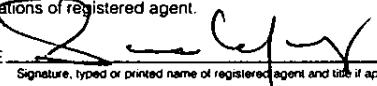
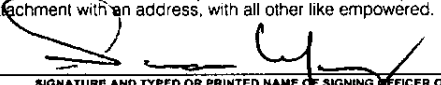


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90149 013 \*\*\*150.00

|  |   |                     |   |  |  |
|--|---|---------------------|---|--|--|
| <b>DOCUMENT # P01000029362</b><br>1. Entity Name<br><b>SITEL VENTURES, INC.</b>  |   |                     |   |   |  |
| Principal Place of Business<br><b>4345 GUNN HIGHWAY #125<br/>TAMPA, FL 33624</b>   |   |                     | Mailing Address<br><b>4345 GUNN HIGHWAY #125<br/>TAMPA, FL 33624</b>  |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc. |   |  |  |
| City & State   |   | City & State        |   | 4. FEI Number<br><b>59-3704364</b>   |  |
| Zip  |   | Country             |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent  |   |                     |   | 7. Name and Address of New Registered Agent  |  |
| <b>GAMA, MUNOZ<br/>4345 GUNN HWY.<br/>#125<br/>TAMPA, FL 33624</b>   |   |                     |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code  |  |
| 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  (NOTE: Registered Agent signature required when reinstating) DATE  |   |                     |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| 10. OFFICERS AND DIRECTORS   |   |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PSTD<br/>MUNOZ, GAMA<br/>2701 WEST BUSCH BOULEVARD SUITE 112<br/>TAMPA, FL 33618</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P, SEC., TREASURE<br/>MUNOZ GAMA<br/>4345 GUNN Hwy #125<br/>TAMPA, FL. 33624</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>SMITH, JEROME<br/>8301 IBERIA PLACE<br/>TAMPA, FL 33837</b> <input type="checkbox"/> Delete                    |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VICE PRESIDENT<br/>JEROME SMITH<br/>8301 IBERIA PLACE<br/>TAMPA FL. 33837</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP<br/>ANGULO, ALONSO<br/>16210 COPPERFIELD DR<br/>TAMPA, FL 33618</b> <input checked="" type="checkbox"/> Delete    |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. 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 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. |   |                     |   |  |  |
| <b>SIGNATURE:</b>   |   |                     | Date <b>4/20/06</b> Daytime Phone # <b>813-484-2520</b>   |  |  |