

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000102158

1. Entity Name
D-TEL, INC.



FILED

04 DEC -9 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
96 CARLTON AVE
CENTRAL ISLIP, NY 11749

Mailing Address
96 CARLTON AVE
CENTRAL ISLIP, NY 11749

2. Principal Place of Business
540 SE 6 Street
Suite, Apt. #, etc.

3. Mailing Address
540 SE 6 Street
Suite, Apt. #, etc.

11192004 Chg-P CR2E034 (10/03)

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33301

Country
USA

Zip
33301

Country
USA

4. FEI Number
APPLIED FOR

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Regnum Group, Inc

Street Address (P.O. Box Number is Not Acceptable)
7999 NW 53 STREET

City
Miami

FL Zip Code
33166

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 *Edward Maloney 400, Regnum Group, Dec 6th 2004* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGLILULO, JOSEPH 16 SYLVESTER ROAD WADING RIVER, NY 11792	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGOEY, KEVIN PETER 540 SE 6 Street Fort Lauderdale, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400043339574 12/10/04--01058--014 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/03/04 954-8184978
Date Daytime Phone #