


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000028453</b> 1. Entity Name <b>SUNTEL INC.</b>	
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Principal Place of Business <b>5649 49 ST NORTH ST PETERSBURG, FL 33709</b>	Mailing Address <b>5649 49 ST NORTH ST PETERSBURG, FL 33709</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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02232004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>01-0627660</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PATEL, HARISH J DR 5649 49 ST NORTH ST PETERSBURG, FL 33709</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 re-registering) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD PATEL, HARISH J DR 7901 BAYOU CLUB BLVD. LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY ST ZIP	D PATEL, ASHOK M 13724 74TH AVE. N. SEMINOLE, FL 33625
TITLE NAME STREET ADDRESS CITY ST ZIP	VD PATEL, ARVIND C 12802 MIRAMAR PL. TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY ST ZIP	D PATEL, SANJAY M 6200 34 ST NORTH U.S. 19 PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY ST ZIP	POTS HARISH, PATEL J 5649 49 ST N SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY ST ZIP	VDTS ASHOKM, PATEL 13724 74TH AVE SEMINOLE, FL 33025

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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 the 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/04*  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

*\$150*