

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080463

Entity Name: ALCATEL, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

10880 COLLINS AVENUE
MIAMI BEACH, FL 331541000

New Principal Place of Business:

Current Mailing Address:

10880 COLLINS AVENUE
MIAMI BEACH, FL 331541000

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL, WAHEED K
400 KINGSPPOINT DR #315
MIAMI BEACH, FL 33169

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: P () Delete
Name: MICHAEL, WAHEED K
Address: 400 KINGSPPOINT DRIVE #315
City-St-Zip: MIAMI BEACH, FL 33169

Title: S () Delete
Name: NASAHIB, NABILA
Address: 400 KINGS POINT DRIVE #315
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: NASHIB, NABILA
Address: 400 KINGS POINT DRIVE #315
City-St-Zip: MIAMI, FL 33169

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: WAHEED K MICHAEL

P

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date