## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000084700**

1. Entity Name INFINITEL WIRELESS, INC.



**FILED** Apr 10, 2008 08:00 A Secretary of State

Principal Place of Business

233 EAST STATE ROAD 434 LONGWOOD, FL 32750

Mailing Address

233 EAST STATE ROAD 434 LONGWOOD, FL 32750



## DO NOT WRITE IN THIS SPACE

04072008

No Chg-P

CR2E034 (11/05)

4. FEI Number 13-4207320

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RENGIFO, ARMANDO DAVID 233 EAST STATE ROAD 434 LONGWOOD, FL 32750

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent	urpose of changing its re	gistered office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	applicable (NOTE, R	egistered Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				\$5.00 May Be Added to Fees	Uningon889637 04/22/08-80066-002 150.00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENGIFO, ARMANDO DAVID 233 EAST STATE ROAD 434 LONGWOOD, FL 32750					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			i:	DO	NOT WRITE	
TITLE				IN	THIS SPACE	

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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR