
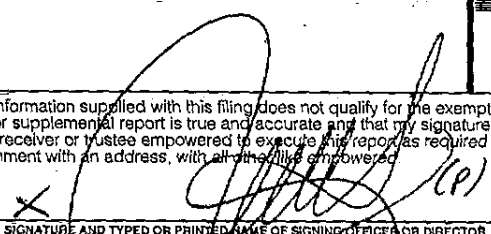


FILED

Apr 23, 2005 08:00
Secretary of Sta**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000112312		
1. Entity Name INFOTEL GROUP CORP.		
Principal Place of Business 4405 NW 73 AVE SB 010-109191 MIAMI, FL 33166	Mailing Address 4405 NW 73 AVE SB 010-109191 MIAMI, FL 33166	
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;"> 04062005 No Chg-P CR2E034 (10/03) </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> 4. FEI Number NOT APPLICABLE </div> <div style="width: 35%; text-align: right;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="width: 35%; text-align: right;"> \$8.75 Additional Fee Required </div> </div>		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div style="width: 40%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%; text-align: right;"> U000000325932 04/23/05-80036-017-150.00 </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	ARNESON, WALTER D	
STREET ADDRESS	4405 NW 73 AVE SB 010-109191	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	
NAME	ZENON, RAUL R	
STREET ADDRESS	4405 NW 73 AVE SB 010-109191	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	
NAME	SUPPO, CLAUDIA	
STREET ADDRESS	4405 NW 73 AVE SB 010-109191	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 the like empowered.		
SIGNATURE:  (CP) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

DO NOT WRITE
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