MAR-19-2007 MON 03:48 PM florida title and escrow FAX

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Secretary of State
04-12-2007 90035 032 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000023460

1. Entity Name
ALTENEL, INC

40058193

Principal Place of Business	Mailing Address
201 ALHAMBRA CIR STE ~~502~~ CORAL GABLES, FL 33134	201 ALHAMBRA CIR STE ~~502~~ CORAL GABLES, FL 33134

03152007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 700	Suite, Apt. #, etc. 700
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARVESU, MANUEL 201 ALHAMBRA CIR STE ~~502~~ CORAL GABLES, FL 33134	Name Hutner Law Firm, PLLC Street Address (P.O. Box Number is Not Acceptable) 2853 Executive Park Drive, Ste 201 City Weston FL Zip Code 33331

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 _____ 4/2/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be ~~$550.00~~

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FS VILLEGAS, RAFAEL 201 ALHAMBRA CIR STE ~~502~~ CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Suite 700
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OLAVARRIETA DE VILLEGAS, MARIA EDURNE 201 ALHAMBRA CIR STE ~~502~~ CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Suite 700
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CAMIL, ALFREDO V 201 ALHAMBRA CIR STE ~~502~~ CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Suite 700
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAMIL, MANUEL V 201 ALHAMBRA CIR STE ~~502~~ CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Suite 700
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMIL, LUISA FERNANDA V 201 ALHAMBRA CIR STE ~~502~~ CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Suite 700
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Suite 700.

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 empowerments.

SIGNATURE: (X) Rafael Villegas, P. 4/2/07 305-442-2558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #