

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000023460

Entity Name: ALTENEL, INC

FILED
Mar 18, 2009
Secretary of State

Current Principal Place of Business:

201 ALHAMBRA CIR STE 700
CORAL GABLES, FL 33134

New Principal Place of Business:

8360 WEST FLAGLER STREET
200
MIAMI, FL 33144 US

Current Mailing Address:

201 ALHAMBRA CIR STE 700
CORAL GABLES, FL 33134

New Mailing Address:

8360 WEST FLAGLER STREET
200
MIAMI, FL 33144 US

FEI Number: 90-0159868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTNER LAW FIRM PLLC
2853 EXECUTIVE FOR DRIVE STE 201
WESTON, FL 33331 US

Name and Address of New Registered Agent:

LIMA,RIOS & MARRERO,P.A.
8360 WEST FLAGLER STREET
200
MIAMI, FL 33144 US

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: LUIS RIOS

03/18/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: VILLEGAS, RAFAEL
Address: 201 ALHAMBRA CIR STE 700
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: OLAVARRI DE VILLEGAS, MARIA EDURNE
Address: 201 ALHAMBRA CIR STE 700
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: CAMIL, ALFREDO V
Address: 201 ALHAMBRA CIR STE 700
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: CAMIL, MANUEL V
Address: 201 ALHAMBRA CIR STE 700
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: CAMIL, LUISA FERNANDA V
Address: 201 ALHAMBRA CIR STE 700
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RAFAEL VILLEGAS

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date