

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000090479

Entity Name: LATINTEL - IP, INC

FILED  
May 25, 2006  
Secretary of State

## Current Principal Place of Business:

1050 NW 163 DRIVE  
MIAMI, FL 33169

## New Principal Place of Business:

770 CLAUGHTON ISLAND DRIVE  
SUITE 1103  
MIAMI, FL 33131

## Current Mailing Address:

1050 NW 163 DRIVE  
MIAMI, FL 33169

## New Mailing Address:

770 CLAUGHTON ISLAND DRIVE  
APT 1103  
MIAMI, FL 33131

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RODRIGUEZ, JUAN E  
1825 PONCE DE LEON BLVD  
385  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

ARCE, LIDA  
770 CLAUGHTON ISLAND DRIVE  
SUITE 1103  
MIAMI, FL 33131 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: LIDA ARCE

05/25/2006

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: P ( ) Delete  
Name: RODRIGUEZ, JUAN E  
Address: 1825 PONCE DE LEON BLVD# 385  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Delete  
Name: VAZQUEZ, MIKE SR  
Address: 21055 YACHT CLUB DR. APT0 3209  
City-St-Zip: AVENTURA, FL 33180

Title: VP (X) Delete  
Name: ARCE, LIDA  
Address: 1825 PONCE DELEON BLVD # 385  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ARCE, LIDA  
Address: 770 CLAUGHTON ISLAND DRIVE SUITE 1103  
City-St-Zip: MIAMI, FL 33131

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 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: LIDA ARCE

P

05/25/2006

Electronic Signature of Signing Officer or Director

Date