2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159138

Entity Name: MIAMI TEL PREPAID, CORP.

5518 NW 180TH LANE

() Delete

MIAMI, FL 33055

Address:

Title:

Name: Address:

City-St-Zip:

City-St-Zip:

FILED Feb 13, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5518 NW 180TH LANE 452 GREENWICH AVE NW MIAMI, FL 33055 PORT CHARLOTTE, FL 33952 US **Current Mailing Address: New Mailing Address:** 5518 NW 186TH LANE 452 GREENWICH AVE NW MIAMI, FL 33125 PORT CHARLOTTE, FL 33952 US FEI Number: 20-1923105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RODGERS, HANS 6175 NW 186TH STREET - APT. 210 MIAMI, FL 33015 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition RODGERS, HANS Name: Name: RODGERS, ELVIN R 6175 NW 186TH STREET - APT 210 452 GREENWICH AVE NW Address: Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip: PORT CHARLOTTE, FL 33952 US Title: VΡ Title: () Delete (X) Change () Addition Name: GONZALEZ, MARGARITA Name: RODGERS, HANS 6175 NW 186TH STREET APT 210 452 GREENWICH AVE NW Address: Address: MIAMI, FL 33015 PORT CHARLOTTE, FL 33952 US City-St-Zip: City-St-Zip: () Delete VPD Title: (X) Change () Addition Title: SD RODGERS, ELVIN R GONZALEZ, MARGARITA Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: ELVIN R. RODGERS PD 02/13/2008

452 GREENWICH AVE NW

RODGERS, ROOSEVELT L

452 GREENWICH AVE NW

PORT CHARLOTTE, FL 33952 US

PORT CHARLOTTE, FL 33952 US

() Change (X) Addition