2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State
04-26-2007 90181 003 ***150.00

DOCUMENT # P05000120466

1. Entity Name
VITELCOM CORP.

Principal Place of Business
169 E. FLAGLER ST., SUITE 1118
MIAMI, FL 33131

Mailing Address
169 E. FLAGLER ST., SUITE 1118
MIAMI, FL 33131

02072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
169 E. FLAGLER ST.,		169 E. FLAGLER ST.,	
Suite, Apt. #, etc: SUITE 1620		Suite, Apt. #, etc: SUITE 1620	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33131	Country: US	Zip: 33131	Country: US

4. FEI Number: 20-3459400 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GINSKY, MICHAEL
169 E. FLAGLER ST., SUITE 1118
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: GLINSKY, MICHAEL
Street Address (P.O. Box Number is Not Acceptable): 169 E. FLAGLER ST., SUITE 1620
City: MIAMI FL Zip Code: 33131

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: [signature] DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	ECHEVERRI, LUCAS		NAME	ECHEVERRI, LUCAS	
STREET ADDRESS	169 E. FLAGLER ST., SUITE 1118		STREET ADDRESS	169 E. FLAGLER ST., SUITE 1620	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	RABINOVICH, SAMUEL		NAME	RABINOVICH, SAMUEL	
STREET ADDRESS	169 E. FLAGLER ST., SUITE 1118		STREET ADDRESS	169 E. FLAGLER ST., SUITE 1620	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 empowered.

SIGNATURE: [signature] 12/4/07 786 3021229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #