

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

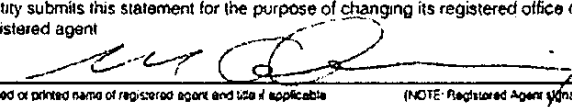
4000022



02072007 Chg-P CR2E034 (12/06)

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

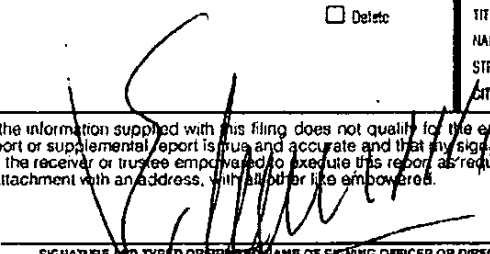
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE  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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ECHEVERRI, LUCAS 169 E. FLAGLER ST., SUITE 1118 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ECHEVERRI, LUCAS 169 E. FLAGLER ST., SUITE 1620 MIAMI, FL 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RABINOVICH, SAMUEL 169 E. FLAGLER ST., SUITE 1118 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RABINOVICH, SAMUEL 169 E. FLAGLER ST., SUITE 1620 MIAMI, FL 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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