2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000136645

1. Entity Name
VOITEL TELECOMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
407 LINCOLN RD PENTHOUSE SE MIAMI BEACH, FL 33139	407 LINCOLN RD PENTHOUSE SE MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

04062008 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0558754
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSEN, HAROLD
407 LINCOLN RD
PENTHOUSE SE
MIAMI BEACH, FL 33139

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIDINGER, JAMES
STREET ADDRESS	2954 N BAY RD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VPSD
NAME	RIDINGER, LOREN
STREET ADDRESS	2954 N BAY RD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VPTD
NAME	WEISSMAN, MARTIN
STREET ADDRESS	1302 PLEASANT RIDGE RD
CITY-ST-ZIP	GREENSBORO, NC 27409
TITLE	VP
NAME	ASHLEY, MARC N
STREET ADDRESS	1302 PLEASANT RIDGE RD
CITY-ST-ZIP	GREENSBORO, NC 27409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR