2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000136645

1. Entity Name

VOITEL TELECOMMUNICATIONS, INC.



Principal Place of Business

407 LINCOLN RD PENTHOUSE SE MIAMI BEACH, FL 33139 Mailing Address

407 LINCOLN RD PENTHOUSE SE MIAMI BEACH, FL 33139 FILED
May 01, 2008 08:00 AN
Secretary of State



DO NOT WRITE IN THIS SPACE

04062008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S1-0558754 Not Applied be \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

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

SIGNATURE:

DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

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, typed or presed name of registered agent and title if approache. (NOTE: Registered Agent signature required when renstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution				\$5.00 May Be Added to Fees	
10. RILE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD RIDINGER, JAMES 2954 N BAY RD MIAMI BEACH, FL 33140 VPSD	TORS			U00000939386 05/28/08-80025-024 150.00
NAME STREET ADDRESS CITY-ST-ZIP	RIDINGER, LOREN 2954 N BAY RD MIAMI BEACH, FL 33140	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD WEISSMAN, MARTIN 1302 PLEASANT RIDGE RD GREENSBORO, NC 27409			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASHLEY, MARC N 1302 PLEASANT RIDGE RD GREENSBORO, NC 27409			iN ⁻	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP				•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					• 3
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or suppliemental report/s 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 attactiment with an address with all other like empowered.					

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR