
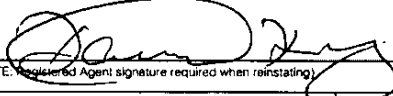



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90087 031 \*\*\*150.00

DOCUMENT # P07000013935			
1. Entity Name AMERITEL MOBILE OF FLORIDA INC.			
Principal Place of Business 2104 N. FLAMINGO RD. PEMBROKE PINES, FL 33028		Mailing Address 2104 N. FLAMINGO RD. PEMBROKE PINES, FL 33028	
2. Principal Place of Business - No P.O. Box # 12260 S.W. 53rd St.		3. Mailing Address 12260 SW. 53rd St.	
Suite, Apt. #, etc. Ste. 609		Suite, Apt. #, etc. Ste. 609	
City & State Cooper City, FL		City & State Cooper City, FL	
Zip 33330	Country	Zip 33330	Country
6. Name and Address of Current Registered Agent DYAN, DAVID 2104 N. FLAMINGO RD. PEMBROKE PINES, FL 33028		7. Name and Address of New Registered Agent Name DAYAN, DAVID Street Address (P.O. Box Number is Not Acceptable) 12260 S.W. 53rd St. Ste. 609 City Cooper City FL Zip Code 33330	
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: DAVID DAYAN - Director  DATE: 04/18/08 <small>*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME DAYAN, DAVID	<input checked="" type="checkbox"/> Delete	TITLE D
STREET ADDRESS 2104 N. FLAMINGO RD.	CITY - ST - ZIP PEMBROKE PINES, FL 33028		NAME Dayan David
			STREET ADDRESS 12260 S.W. 53rd St., Ste. 609
			CITY - ST - ZIP Cooper City, FL 33330
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS	CITY - ST - ZIP		NAME
			STREET ADDRESS
			CITY - ST - ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS	CITY - ST - ZIP		NAME
			STREET ADDRESS
			CITY - ST - ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS	CITY - ST - ZIP		NAME
			STREET ADDRESS
			CITY - ST - ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> 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: 		DAVID DAYAN 04/21/08 954 252 1750	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

