FILED Apr 07, 2006 8:00 am Secretary of State

1. Entity Name RIUTEL ORLANDO, INC. Principal Place of Business 8688 PALM PARKWAY ORLANDO, FL 32836 US 3. Mailing Address Miller COLLINS AVE MIAMI BEACH, FL 33140 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 5. Suite, Apt. #, etc. City & State Country Country Country Country S. Certificate of Status Desired Fee Required Fee Required Fee Required 7. Name and Address of New Registered Agent Name	t Applicable
Principal Place of Business 8688 PALM PARKWAY ORLANDO, FL 32836 US RIUTEL ORLANDO 3101 COLLINS AVE MIAMI BEACH, FL 33140 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country Tip Country S. Certificate of Status Desired Fee Required Fee Required Name Name Name	t Applicable
Principal Place of Business 8688 PALM PARKWAY ORLANDO, FL 32836 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Country Apt. FEI Number 65-0737483 To Country Sign Country Solution Address of Current Registered Agent Name Name Name	t Applicable
RIUTEL ORLANDO 3101 COLLINS AVE MIAMI BEACH, FL 33140 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country Country S. Certificate of Status Desired Fee Required Fee Required Name BROWN, GARY L RUTEL ORLANDO 3101 COLLINS AVE MIAMI BEACH, FL 33140 US 31. Mailting Address Suite, Apt. #, etc. O1122006 Chg-P CR2E034 (11/05) CR2E034 (11/05) CR2E034 (11/05) Apt. FEI Number 65-0737483 No. Name and Address of New Registered Agent Name	t Applicable
MIAMI BEACH, FL 33140 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. O1122006 Chg-P CR2E034 (11/05) City & State City & State City & State 4. FEI Number 65-0737483 No Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name BROWN, GARY L	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. O1122006 Chg-P CR2E034 (11/05) City & State Country Country Country S. Certificate of Status Desired Fee Required Fee Required Name BROWN, GARY L Suite, Apt. #, etc. O1122006 Chg-P CR2E034 (11/05) Ap	t Applicable
City & State Ap 65-0737483 No Country Country Country S. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name BROWN, GARY L	t Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Add Fee Required 6. Name and Address of Current Registered Agent Name BROWN, GARY L	t Applicable
5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name Name RROWN, GARY L	
BROWN, GARY L	
BROWN, GARY L	
4000 HOLLYWOOD BLVD Street Address (P.O. Box Number is Not Acceptable)	
SUITE 265-S	
HOLLYWOOD, FL 33021	
. City FL Zip Code	
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, the obligations of registered agent.	and accept
SIGNATURE	
Signature, typed or printed name of registered agent and title if explicable. (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 11
TITLE PTD Delete TITLE Change	☐ Addition
NAME RIU, LUIS JR STREET ADDRESS 3101 COLLINS AVE STREET ADDRESS .	
CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP	
TITLE VSD Delete TITLE Change	☐ Addition
NAME RIU GUELL, CARMEN NAME STREET ADDRESS 3101 COLLINS AVE STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH, FL 33140 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
STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE _ Delete TITLE Change NAME	☐ Addition
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 inidicated 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 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 changed, or on an attachment with an address, with all other like empowered.	formation or director Block 11 if
SIGNATURE: 10000 1000 A Mora Conto/s (305)693 - 3 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DESCRIPTION DECEMBER 1000 DECEMBER	5333