

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90031 002 ***158.75

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000051897 1. Entity Name WINTEL GROUP CORP.			
Principal Place of Business 8510 N W 72ND STREET MIAMI, FL 33166 US		Mailing Address 8510 N W 72ND STREET MIAMI, FL 33166 US	
2. Principal Place of Business - No P.O. Box # C/O AEROMARINE 8900 NW 35 LANE		3. Mailing Address C/O AEROMARINE 8900 NW 35 LANE	
Suite, Apt. #, etc. 130		Suite, Apt. #, etc. 130	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33172		Zip 33172	
Country U.S.		Country U.S.	
4. FEI Number 65-0760962		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRIETO, DOUGLAS 8510 N W 72ND STREET MIAMI, FL 33166		7. Name and Address of New Registered Agent Name C/O AEROMARINE Street Address (P.O. Box Number is Not Acceptable) 8900 NW 35 LANE #130 City MIAMI FL Zip Code 33172	
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: DOUGLAS PRIETO PRESIDENT 07-21-08 (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	NAME PRIETO, DOUGLAS	TITLE C/O AEROMARINE	NAME 8900 NW 35 LANE #130
STREET ADDRESS 8510 N W 72ND STREET	CITY- ST- ZIP MIAMI, FL 33166	STREET ADDRESS MIAMI, FL 33172	CITY- ST- ZIP MIAMI, FL 33172
TITLE VPT	NAME PRIETO, MARIA A	TITLE C/O AEROMARINE	NAME 8900 NW 35 LANE #130
STREET ADDRESS 8510 N W 72ND STREET	CITY- ST- ZIP MIAMI, FL 33166	STREET ADDRESS MIAMI, FL 33172	CITY- ST- ZIP MIAMI, FL 33172
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY- ST- ZIP 	STREET ADDRESS 	CITY- ST- ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY- ST- ZIP 	STREET ADDRESS 	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 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: 7-21-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE: 305-471-5164	

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