

**2006 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-09-2006 90032 003 ***150.00

DOCUMENT # P98000041892

1. Entity Name
COSTEL, INC.



Principal Place of Business
**7630 SW 19 ST
MIAMI, FL 33155 US**

Mailing Address
**7630 SW 19 ST
MIAMI, FL 33155 US**

66000426



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0834080

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TILLAN, JOSE A
7630 SW 19 ST.
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TILLAN, JOSE A 7630 SW 19 ST. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO TILLAN, TANIA M 7630 SW 19 ST. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

01/24/06 786 2864391

Date

Daytime Phone #