


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000082876
 1. Entity Name
COMUNICATEL, INC.



Principal Place of Business 201 N. KROME AVENUE HOMESTEAD, FL 33030	Mailing Address 201 N. KROME AVENUE HOMESTEAD, FL 33030
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DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

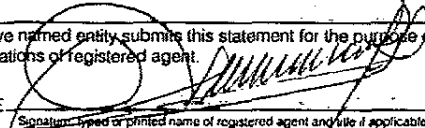
4. FEI Number 65-0866226	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CAMPUSANO, VENECIA
 11550 SW 148 CT
 MIAMI, FL 33196

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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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

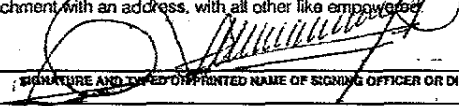
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD CAMPUSANO, LEANDRO 11550 SW 148 CT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CAMPUSANO, VENECIA 11550 SW 148 CT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CAMPUSANO, CLAUDIA 11550 SW 148 CT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000115120
 04/16/04-80011-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowers.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ DAYTIME PHONE #: _____