

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90059 011 \*\*\*150.00

**66009600**



<b>DOCUMENT # P98000104087</b> 1. Entity Name <b>PROACTEL, INC.</b>			
Principal Place of Business <b>1541 BRICKELL AVENUE SUITE B1403 MIAMI, FL 33129 US</b>		Mailing Address <b>1541 BRICKELL AVENUE SUITE B1403 MIAMI, FL 33129 US</b>	
2. Principal Place of Business <b>1401 Brickell Ave</b> Suite, Apt. #, etc. <b>Suite 1010</b> City & State <b>Miami FL</b> Zip <b>33131</b> Country <b>DADE</b>		3. Mailing Address <b>1401 Brickell Ave</b> Suite, Apt. #, etc. <b>Suite 1010</b> City & State <b>Miami</b> Zip <b>33131</b> Country <b>FL</b>	
4. FEI Number <b>65-0880177</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GUZMAN, RAFAELA 1541 BRICKELL AVENUE STE B1403 MIAMI, FL 33129</b>		7. Name and Address of New Registered Agent Name <b>GUZMAN, RAFAELA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1401 Brickell Ave</b> <b>Suite 1010</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>	
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:  DATE: <b>4/11/05</b> <small>Signature, typed or printed name of registered agent, and fee if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUZMAN, RAFAELA 1541 BRICKELL AVENUE SUITE B1403 MIAMI, FL 33129	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.			
SIGNATURE:		Date: <b>4/11/05</b> Daytime Phone #: <b>305-358-882</b>	