

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000104087

1. Entity Name
PROACTEL, INC.



Principal Place of Business
1541 BRICKELL AVENUE
SUITE B1403
MIAMI, FL 33129 US

Mailing Address
1541 BRICKELL AVENUE
SUITE B1403
MIAMI, FL 33129 US

2. Principal Place of Business
1401 Brickell Ave
Suite, Apt. #, etc.
Suite 1010

3. Mailing Address
1401 Brickell Ave
Suite, Apt. #, etc.
(1401) Suite 1010

City & State
MIAMI FL

City & State
MIAMI

Zip 33131

Country USA

Zip 33131

Country FL

6. Name and Address of Current Registered Agent

GUZMAN, RAFAELA
1541 BRICKELL AVENUE
SUITE B1403
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name GUZMAN, RAFAELA
Street Address (P.O. Box Number is Not Acceptable)
1401 BRICKELL AVE
Suite 1010
City MIAMI

FL Zip Code 33131

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 reinstating)

DATE: 4/01/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME GUZMAN, RAFAELA
STREET ADDRESS 1541 BRICKELL AVENUE SUITE B1403
CITY-ST-ZIP MIAMI, FL 33129

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/01/05 305-358-882

66009600



04072005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0880177 Applied For
 Not Applicable

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