


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000014190
 1. Entity Name
 XTEL, INC.



Principal Place of Business 1101 BRICKELL AVENUE STE. N505 MIAMI, FL 33131	Mailing Address 1101 BRICKELL AVENUE STE. N505 MIAMI, FL 33131
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03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0916233	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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	CEO ORRIOLS, JOE 1101 BRICKELL AVENUE, STE. N505 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CRANE, TOM 1101 BRICKELL AVENUE, STE. N505 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTI, ALDO 1101 BRICKELL AVENUE, STE. N505 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORHAM, VINCENT 1101 BRICKELL AVENUE, STE. N505 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UN0000078792
 03/08/04-80041-002 150.00

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 prepare 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: 3/4/04 DAYTIME PHONE #: 305-377-9110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR