

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 13, 2007 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



05092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0916233

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CRANE, THOMAS J ESQ.  
5780 GRANDE RESERVE WAY  
UNIT 1401  
NAPLES, FL 34110

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**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
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09/13/07-80005-013 159.75

**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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/07

Date

305-377-1110

Daytime Phone #