# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000014190

1. Entity Name
XTEL, INC.

**FILED**
**Aug 18, 2008 08:00 AM**
**Secretary of State**

| Principal Place of Business | Mailing Address |
|---|---|
| 1101 BRICKELL AVENUE<br>STE. N505<br>MIAMI, FL 33131 | 1101 BRICKELL AVENUE<br>STE. N505<br>MIAMI, FL 33131 |

08122008 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

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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 _____
*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 12, 2008**

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

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08/18/08-80005-019 158.75

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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:** _____ JOE ORRIOLS 8/12/08 305-377-9110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #