
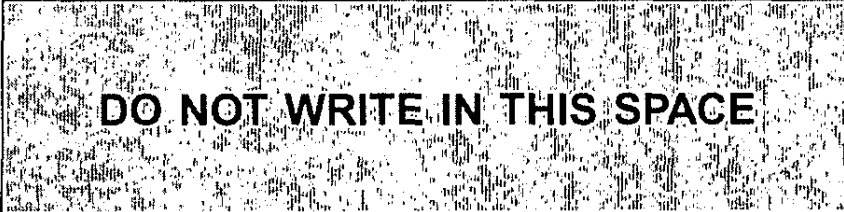


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000014190 1. Entity Name XTEL, INC.	
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FILED
Aug 18, 2008 08:00 AM
Secretary of State

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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08122008 No Chg-P CR2E034 (11/05)

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



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.

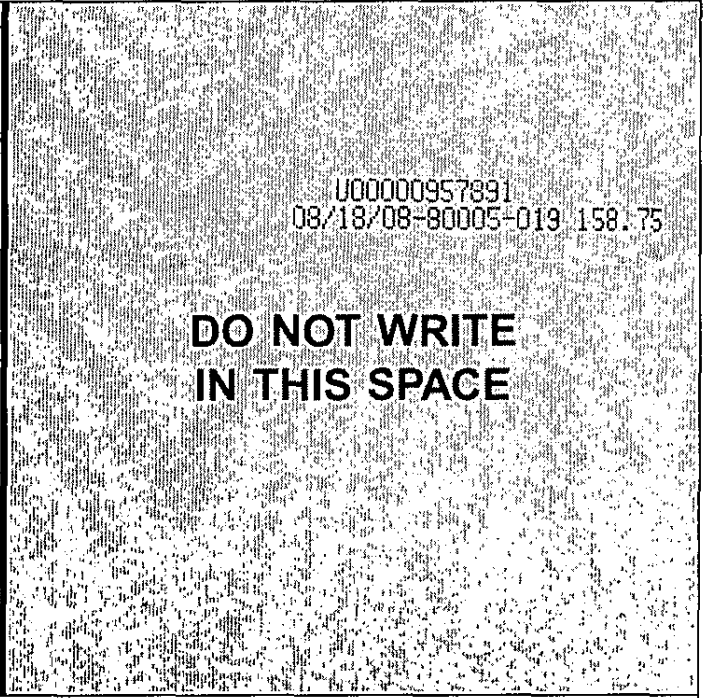
SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

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	



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 #