

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90005 045 \*\*\*558.75

**54060906**



07062004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000023068</b>		
1. Entity Name <b>SUN-TEL USA, INC.</b>		


Principal Place of Business <b>10169 FOXCROFT RD WEST JACKSONVILLE, FL 32257</b>	Mailing Address <b>10169 FOXCROFT RD WEST JACKSONVILLE, FL 32257</b>
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2. Principal Place of Business <b>SUN-TEL USA, INC.</b>		3. Mailing Address <b>SUN-TEL USA, INC.</b>	
Suite, Apt. #, etc. <b>5921-2 University Blvd W</b>		Suite, Apt. #, etc. <b>5921-2 University Blvd W</b>	
City & State <b>JACKSONVILLE, FL</b>		City & State <b>JACKSONVILLE, FL</b>	
Zip <b>32216</b>	Country <b>USA</b>	Zip <b>32216</b>	Country <b>USA</b>

4. FEI Number <b>65-0918693</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BABADI, JAHAN 10169 FOXCROFT RD WEST JACKSONVILLE, FL 32257</b>	
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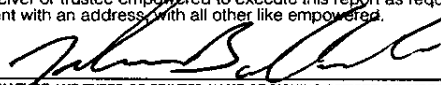
7. Name and Address of New Registered Agent	
Name <b>BABADI, JAHAN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5159 Thoroughbred Blvd</b>	
City <b>JACKSONVILLE</b>	FL <b>32257</b>

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 <b>7/6/04</b>

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BABADI, JAHAN J 10169 FOXCROFT RD WEST JACKSONVILLE, FL 32257</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BABADI, BOB 10169 FOXCROFT RD WEST JACKSONVILLE, FL 32257</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BABADI, JAHAN J</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5159 Thoroughbred Blvd JACKSONVILLE, FL 32257</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE <b>7/6/04</b> DAYTIME PHONE # <b>904 394 8585</b>