


- 2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000100565
 1. Entity Name
NATIONAL SHOPPING NETWORK, INC.



Principal Place of Business 1065 E. 14 STREET HIALEAH, FL 33010	Mailing Address 1065 E. 14 STREET HIALEAH, FL 33010
---	---

DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 74-3019220	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

DIAZ, FELIX M JR
45 N.W. 8 STREET
SUITE 103
HOMESTEAD, FL 33030

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000328242
 04/25/05-80068-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRADO, JOSE C 2920 N.W. 7 STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRADO, JOSE C JR. 2920 N.W. 7 STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA-PRADO, JUDITH 2920 N.W. 7 STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **04-21-05 305 642 7777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #