

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000003689**



**1. Entity Name**  
**E-Z NET, INC.**

**Principal Place of Business**  
 1111 KANE CONCOURSE  
 SUITE 518  
 BAY HARBOR ISLAND FL 33154

**Mailing Address**  
 1111 KANE CONCOURSE  
 SUITE 518  
 BAY HARBOR ISLAND FL 33154



1st MOORE CR2E034 (10/05)

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** 59-3767098

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

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

**7. Name and Address of New Registered Agent**

**TECHNOCON INTERNATIONAL, INC.**  
 1111 KANE CONCOURSE #518  
 MIAMI BEACH FL 33154

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	TYLMAN, LEONID	1111 KANE CONCOURSE #518	BAY HARBOR ISLAND FL 33154	<input type="checkbox"/>
CEOD	GITMAN, JACOB	1111 KANE CONCOURSE #518	BAY HARBOR ISLAND FL 33154	<input type="checkbox"/>
ST	GITMAN, JACOB	1111 KANE CONCOURSE #518	BAY HARBOR ISLAND FL 33154	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 03/10/06-80026-016 150.00

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Lenny Tylman* 2-23-06 (407) 321-960