


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**

06-08-2005 90004 001 \*\*\*150.00

**DOCUMENT # P03000120070**  
 1. Entity Name  
 SPYNET CORP.



Principal Place of Business 7012 NW 114 CT MIAMI, FL 33178	Mailing Address 7012 NW 114 CT MIAMI, FL 33178
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**50053583**



05022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0389544	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 BARROS, ALEJANDRO  
 7012 NW 114 CT  
 MIAMI, FL 33178

**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**  
**Due by September 7, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP BARROS, ALEJANDRO E 3390 NW 72ND AVE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HERVAS, IRMA 3390 NW 72ND AVE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BARROS, HILDO E 3390 NW 72ND AVE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: X \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_