2004 FOR PROFIT CORPORATION ANNUAL REPORT

06-21-2004 90005 005 ***550.00
P03000139036

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 13 AM 9:38

DOCUMENT # P03000139036

1. Entity Name
NETPRIME SYSTEMS, INC.

Principal Place of Business: ~~5880 W 74 TERR #3A MIAMI, FL 33143~~ 6619 S. Dixie Hwy #258 Miami, FL 33143

Mailing Address: ~~5880 W 74 TERR #3A MIAMI, FL 33143~~ 6619 S. Dixie Hwy #258 Miami, FL 33143

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

06152004 Chg-P CR2E034 (10/03)

4. FEI Number 06-1715934 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAUSE, ANNA L
6619 S. DIXIE HWY #258
MIAMI, FL 33143-7919

7. Name and Address of New Registered Agent

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 $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete GAUSE, ANNA L OFFICER ~~5880 W. 74 TERR~~ 6619 S. Dixie Hwy #258 ~~MIAMI, FL 33143~~ Miami, FL 33143	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Anna Gause June 16, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/13 AD