

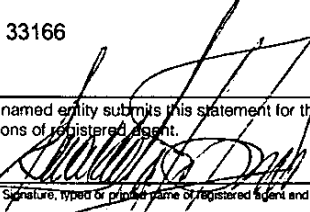
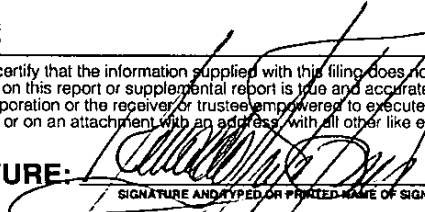
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90280 008 ***150.00

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DOCUMENT # P03000150419			
1. Entity Name CORPVNET INTERNATIONAL, INC.			
Principal Place of Business 3785 NW 82ND AVE. STE 102 MIAMI, FL 33166		Mailing Address 3785 NW 82ND AVE. STE 102 MIAMI, FL 33166	
2. Principal Place of Business 8385 NW 68 St.		3. Mailing Address 8385 NW 68 St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami, FL	
Zip 33166		Country	
4. FEI Number 90-0160286		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, REINALDO 3785 NW 82ND AVE. STE 102 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name: REINALDO LOPEZ Street Address (P.O. Box Number is Not Acceptable) 8385 NW 68 St. City: Miami FL Zip Code: 33166	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 5/9/05			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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 LOPEZ, REINALDO 3785 NW 82ND AVE. MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Reinaldo Lopez 8385 NW 68 St Miami, FL 33166 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: 		Date: 5/9/05 Daytime Phone: 305-591-4003	