## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2007 08:00 AM Secretary of State

					C	C C 4	
DOCUMENT # P03000150419  1. Entity Name CORPVNET INTERNATIONAL, INC.				Secretary of Sta			
JON: VIII	ET MILIMATIONAL, INC.						
Principal Place	of Business	Mailing Address					
8385 NW 68		8385 NW 68 ST					
MIAMI, FL 33	3166	MIAMI, FL 33166					
					64   16		
		CE					
DO NOT WRITE IN THIS SPA			01172007	No Chg-P	CR2E034 (11/05)		
			4. FEI Numbe 90-016		Applied For Not Applicable		
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent							
LOPEZ, REINALDO 8385 NW 68 ST MIAMI, FL 33166			DO NOT WRITE IN THIS SPACE				
							WILMIN, I E 33100
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	ed Agent signature require	when reinstating)		DATE		
1 1		a Sharia Carraia Sar		20			
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution				.00 May Be led to Fees			
10.	OFFICERS AND DI	RECTORS	1			,	
	D LOPEZ, REINALDO		1.				
1	8385 NW 68 ST		1				
CITY-ST-ZIP	MIAMI, FL 33166						
TITLE			l		HODODO	F07016	
NAME STREET ADDRESS					000000 01/24/07	597619 80043-011 150.00	
CITY-ST-ZIP			<u> </u>		oivewor.	00070 011 100.00	
TITLE							
NAME STREET ADDRESS			1				
CITY-SI-ZIP			DO NOT WRITE			RITE	
TITLE			IN THIS SPACE				
NAME STREET ADDRESS				11.4		~~L	
STREET AUTHORS I			-				

12. I hereby certify that the information subtilied with this fifting poes poliquality for the exemptions contained in Chapter 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 by triested improved to execute his 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 tries and that my name appears with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TREED OF CONTROL NAME OF SIGNING OFFICER OR DIRECTOR

301-994-1421 Daytone Phone #