


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90424 021 ***150.00

DOCUMENT # P04000155757

1. Entity Name
NETWORKSIP SOLUTIONS, INC



Principal Place of Business 8527 PINES BLVD SUITE 215 PEMBROKE PINES, FL 33024	Mailing Address 8527 PINES BLVD SUITE 215 PEMBROKE PINES, FL 33024
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04292005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1883384	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**GOMEZ, RODRIGO
 8527 PINES BLVD
 SUITE 215
 PEMBROKE PINES, FL 33024**

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 _____ 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 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOMEZ, RODRIGO		NAME	
STREET ADDRESS 8527 PINES BLVD, SUITE 215		STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES, FL 33024		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASTRO, DOMINGO		NAME	
STREET ADDRESS 8527 PINES BLVD, SUITE 215		STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES, FL 33024		CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DE VIVO, JOSE		NAME	
STREET ADDRESS 8527 PINES BLVD, SUITE 215		STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES, FL 33024		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOMEZ, JOHANNA		NAME	
STREET ADDRESS 8527 PINES BLVD, SUITE 215		STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES, FL 33024		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Rodrigo Gomez* **Rodrigo Gomez** Date: April 28/05 **954-588433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #