## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000173530

Entity Name: MIDA NET, INC.

FILED Apr 29, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

13880 SW 67 TERRACE 4747 COLLINS AVE L- 107 MIAMI, FL 33183

MIAMI, FL 33140

**Current Mailing Address: New Mailing Address:** 

13880 SW 67 TERRACE 4747 COLLINS AVE L - 107

MIAMI, FL 33183 MIAMI, FL 33140

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TREBEC, MIRIAM NOEMI TREBEC, MIRIAM NOEMI 4747 COLLINS AVENUE 4747 COLLINS AVENUE L - 107 MIAMI BEACH, FL 33140 US MIAMI BEACH, FL 33140

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.

SIGNATURE: MIRIAM TREBEC 04/29/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete TREBEC, MIRIAN NOEMI Name: 4747 COLLINS AVENUE Address: City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Delete

Name: SOLEDAD NUVOLOSO, DANIELA

13880 SW 67 TERRACE Address: MIAMI, FL 33183 City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition TREBEC, MIRIAN NOEMI Name: 4747 COLLINS AVENUE L - 107 Address: City-St-Zip: MIAMI BEACH, FL 33140

Title: (X) Change ( ) Addition Name: SOLEDAD NUVOLOSO, DANIELA

Address: 913 A SW 87 AVE MIAMI, FL 33174 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRIAM TREBEC PD 04/29/2006