

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90113 043 ***150.00

DOCUMENT # P96000058602			
1. Entity Name USNET CORPORATON			
Principal Place of Business 250 CATALONIA AVENUE SUITE 605 CORAL GABLES, FL 33134 US		Mailing Address PO BOX 141736 CORAL GABLES, FL 33134 US	
2. Principal Place of Business		3. Mailing Address PO Box 141894	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CORAL GABLES FL	
Zip	Country	Zip 33114	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRAVIESO, JOSE R JR. 250 CATALONIA AVENUE SUITE 605 CORAL GABLES, FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P TRAVIESO, JOSE R. JR. 250 CATALINA AVE. STE 605 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 <i>Jose R. Travieso Jr.</i>		Date 3.21-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

9003



01062006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0680185 Applied For Not Applicable

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