2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000058602

1. Entity Name
USNET CORPORATON



Principal Place of Business

250 CATALONIA AVENUE

SUITE 605

17 1

CORAL GABLES, FL 33134 US

Mailing Address

PO BOX 141894

CORAL GABLES, FL 33134

US

FILED Apr 28, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04242008 No Chg-P CR

CR2E034 (11/05)

4. FEI Number 65-0680185 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRAVIESO, JOSE R JR. 250 CATALONIA AVENUE SUITE 605 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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 title if applicable (NOTE: Registered				required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS		:	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P TRAVIESO, JOSE R. JR. 250 CATALINA AVE. STE 605 CORAL GABLES, FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			à	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	IN ·	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP		1.77		1	

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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

នេក្សាស (១៩ឆ្នាំក្រុម្បីក្រុម **១**៩ ភូមិន (១៩ ភូមិន)

24. 05 Date

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