


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90465 045 ***150.00

DOCUMENT # P99000028505

1. Entity Name
OFINET, INC.



Principal Place of Business Mailing Address

2655 LEJEUNE ROAD 2655 LEJEUNE ROAD
 STE 1010 STE 1010
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

54041356



2. Principal Place of Business 3. Mailing Address

1960 North Commerce Pkwy. **1960 North Commerce Pkwy**
 Suite, Apt. #, etc. Suite, Apt. #, etc. **3**

04212004 Chg-P CR2E034 (10/03)

City & State City & State

Weston, FL **Weston, FL**

Zip Country Zip Country

33326 **USA** **33326** **USA**

4. FEI Number Applied For

65-0925005 **Not Applicable**

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

6. Name and Address of Current Registered Agent

NAVISA, LUIS E
13261 S.W. 44TH ST.
DAVIE, FL 33330

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: **4-19-04**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NAVIA, LUIS	
STREET ADDRESS	13261 SW 44 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33330	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEJIA, CLARA	
STREET ADDRESS	13261 SW 44 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: _____ DATE: **4-19-04** **904-65911717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR