


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000028505
 1. Entity Name
 OFINET, INC.



Principal Place of Business Mailing Address
 1960 NORTH COMMERCE PKWY 1960 NORTH COMMERCE PKWY
 3 3
 WESTON, FL 33326 WESTON, FL 33326

DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

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

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 _____ 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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P
 NAME: NAVIA, LUIS
 STREET ADDRESS: 13261 SW 44 STREET
 CITY-ST-ZIP: FORT LAUDERDALE, FL 33330

TITLE: S
 NAME: MEJIA, CLARA
 STREET ADDRESS: 13261 SW 44 STREET
 CITY-ST-ZIP: FORT LAUDERDALE, FL 33330

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 04/14/05-80096-006 158.75

DO NOT WRITE IN THIS SPACE

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: 4/12/05 DAYTIME PHONE #: 954-659-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR