


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90019 035 ***150.00

DOCUMENT # P99000077882

1. Entity Name
NETCOM INTERNATIONAL, INC.



Principal Place of Business
**2601 BISCAYNE BLVD.
 MIAMI, FL 33131**

Mailing Address
**2601 BISCAYNE BLVD.
 MIAMI, FL 33131**

000303--



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04102008 Chg-P CR2E034 (12/06)

4. FEI Number
63-0944857

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BURGER, ALAN M ESQ.
 200 S. BISCAYNE BLVD.
 SUITE 2350
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent
 Name **Antonio Rodriguez**
 Street Address (P.O. Box Number is Not Acceptable) **2601 Biscayne Blvd.**
 City **MIAMI** FL Zip Code **33137**

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 **4/10/08**

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D/P	Delete
NAME MILLER, ROGER	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS 2601 BISCAYNE BLVD.		
CITY-ST-ZIP MIAMI, FL 33131		
NAME NIARCHOS, GEORGE	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS 2601 BISCAYNE BLVD.		
CITY-ST-ZIP MIAMI, FL 33131		
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

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 or without other like empowered.

SIGNATURE: **[Signature]** DATE: **4/29/08** DAYTIME PHONE: **576-6333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR