2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000002273

1. Entity Name
MW NETWORK, INC.

Principal Place of Business	Mailing Address
1000 BRICKELL AVE #215 MIAMI, FL 33131 US	1000 BRICKELL AVE #215 MIAMI, FL 33131 US

DO NOT WRITE IN THIS SPACE

02162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1091814
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICARDO A. GONZALEZ & ASSOCIATES, P.A.
7270 N.W. 12TH STREET, P.H. 9
MIAMI, FL 33126

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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, 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	PD
NAME	ESCALONA, ALBERTO J
STREET ADDRESS	1000 BRICKELL AVE., SUITE 215
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VST
NAME	ESCALONA, ALBERTO J
STREET ADDRESS	1000 BRICKELL AVE., SUITE 215
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	ESCALONA, ALBERTO J
STREET ADDRESS	1000 BRICKELL AVE., SUITE 215
CITY-ST-ZIP	MIAMI, FL 33131
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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02/23/04-80109-005 150.00

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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: _____ 2/18/04 (305) 329-2560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #