

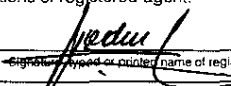
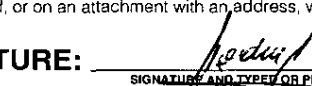


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90264 003 \*\*\*150.00

<b>DOCUMENT # P02000075308</b> 1. Entity Name <b>AS/NET.LA, CORP.</b>					
Principal Place of Business <b>780 NW 42ND AVE. STE 420 MIAMI, FL 33126</b>			Mailing Address <b>780 NW 42ND AVE. STE 420 MIAMI, FL 33126</b>		
2. Principal Place of Business <b>8100 Geneva Court</b>		3. Mailing Address <b>8100 Geneva Ct.</b>		<div style="font-size: 24px; font-weight: bold;">94076248</div> 	
Suite, Apt. #, etc. <b>Bldg C # 240</b>		Suite, Apt. #, etc. <b>Blg C # 240</b>			
City & State <b>Miami Fl.</b>		City & State <b>Miami Florida</b>			
Zip <b>33166</b>		Country <b>U.S.</b>		4. FEI Number <b>11-3650123</b>	
Zip <b>33166</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MAZZA-MARTINEZ, TANIA A 780 NW 42ND AVE. STE 420 MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name <b>Fernando Rodriguez</b> Street Address (P.O. Box Number is Not Acceptable) <b>8100 Geneva Ct Bldg C # 240</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33166</b>	
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:  _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABRERA, FERNANDO R 780 NW 42ND AVE. STE 420 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEDRAZA, FERNANDO 780 NW 42ND AVE. STE 420 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, GERMAN 780 NW 42ND AVE. STE 420 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSORIO, JOSE G 780 NW 42ND AVE. STE 420 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, FERNANDO H 780 NW 42ND AVE. STE 420 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:  _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					