2008 FOR PROFIT CORPORATION

Mar 25, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P03000048106** 03-25-2008 90007 004 ***150.00 1. Entity Name BANSOLNET, CORP. Principal Place of Business Mailing Address 50 SW 10TH ST 50 SW 10TH ST SUITE 1004 MIAMI, FL 33130 SUITE 1004 MIAMI, FL 33130 CR2E034 (11/05) 03062008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 06-1693632 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SANTOS, EDUARDO DO NOT WRITE 50 SW 10TH ST **SUITE 1004** IN THIS SPACE MIAMI, FL 33130 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 agen-SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE PARRA, JANET A NAME 1700 SW 1ST AVE., #604 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331291158 TITLE SERRANO, SANTIAGO M NAME STREET ADDRESS 1700 SW 1ST AVE #604 CITY-ST-ZIP MIAMI, FL 331291158 TITLE SANTOS, SUSANA C NAME STREET ADDRESS 1700 SW 1ST AVE., #604 DO NOT WRITE CITY-ST-ZIP MIAMI, FL 331291158 IN THIS SPACE TITLE SANTOS, EDUARDO E NAME STREET ADDRESS 1700 SW 1ST AVE., #604 CITY-ST-ZIP MIAMI, FL 331291158 TIT) F NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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 all other like empowered.

SIGNATURE:

CITY-ST-Z(P

SIGNATURE AND PIPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

ATTACHMENT

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000048106 BANSOLNET, CORP. Principal Place of Business Mailing Address 50 SW 10TH ST SUITE 1004 50 SW 10TH ST SUITE 1004 515W.11 H.ST. 51 SW. 11K.5T SUITE 1426 SUITE 1426 MIAMI, FE 33130 MIAMI, PL 33130 MIAMI. FL. 33180 NIAMU, FL. 33/36 40051623 No Chg-P CR2E034 (11/05) 03062008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 06-1693632 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANTOS, EDUARDO DO NOT WRITE 50 SW 10TH ST **SUITE 1004** IN THIS SPACE MIAMI, FL 33130 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. ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE PARRA, JANET A NAME 515W11H.5T. \$1426 NIAMI, FL 33130 1700 SW 1ST AVE., #804 STREET ADDRESS MIAMI, FL \$31291 68 CITY-ST-ZIP TITLE SERRANO, SANTIAGO M NAME 1700 SVX 1ST AVE., #604 MIAMI, FL 331291158 515W 11 H.ST. \$ 1426 NIAMI, FL. 33130 STREET ADDRESS CITY-ST-ZIP TITLE SANTOS, SUSANA C NAME 51 5W 11#5T# 1426 Ni 441, Fl. 33130 1700 6W 1 T AVE., #604 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MAMINEL 331291158 IN THIS SPACE TITLE SANTOS, EDUARDO E NAME 51 Su. 11 th ST & 1426 Nix41, FL 33130 1700 SW(1ST-AVE., #604 MIAMI, FL-33129115 STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/18

305 7752250

Daytime Phone #