## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

## SIGNATURE: OMAR AMADOR

Electronic Signature of Signing Officer/Director Detail

PRES

# City-State-Zip: HIALEAH FL 33010

SIGNATURE: OMAR AMADOR 04/12/2019 Electronic Signature of Registered Agent

## . .. ~ ~ ~ /**n** : .

Officer/Director Detail :				
Title	Ρ	Title	VP	
Name	AMADOR, OMAR	Name	GAMONEDA, ANA M	
Address	650 PALM AVE #208	Address	650 PALM AVE #208	
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010	

FEI Number: 81-1012922	Certificate of Status
Name and Address of Current Registered Agent:	
AMADOR, OMAR 650 PALM AVE #208	
HIALEAH, FL 33010 US	

Entity Name: NETCOM TRANSPORT INC **Current Principal Place of Business:** 

650 PALM AVE #208 HIALEAH, FL 33010

## **Current Mailing Address:**

650 PALM AVE #208 HIALEAH, FL 33010 US

## F

# DOCUMENT# P16000001419

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

is Desired: No

FILED Apr 12, 2019 Secretary of State 3981969214CC

Date

04/12/2019

Date