

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/1

FILED
Jun 08, 2004 8:00 am
Secretary of State

05-10-2004 90475 020 ***150.00

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1. Entity Name
GBNET CORPORATION



Principal Place of Business
950 SOUTH PIE ISLAND RD.
150
PLANTATION, FL 33324

Mailing Address
950 SOUTH PIE ISLAND RD.
150
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

01222004 No Chg-P CR2E034 (10/03)

4. FEI Number
87-0645084

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARLOW, GARY
950 SOUTH PINE ISLAND RD. STE. 150
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

X Jorge Marchena R.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	S
NAME	MEDINA, LUIS A
STREET ADDRESS	950 S. PINE ISLAND RD. STE. 150 <i>848 Brickell Ave</i>
CITY-STATE-ZIP	PLANTATION, FL 33324 <i>Ste. 1205, MIAMI, FL 33131</i>
TITLE	T
NAME	BARLOW, GARY
STREET ADDRESS	950 S. PINE ISLAND RD. STE. 150 <i>848 Brickell Ave</i>
CITY-STATE-ZIP	PLANTATION, FL 33324 <i>Ste. 1205, MIAMI, FL 33131</i>
TITLE	COB
NAME	REYNOLDS, BRIAN
STREET ADDRESS	950 S. PINE ISLAND RD. STE. 150 <i>848 Brickell Ave</i>
CITY-STATE-ZIP	PLANTATION, FL 33324 <i>Ste. 1205, MIAMI, FL 33131</i>
TITLE	PCEO
NAME	MARCHENA, JORGE
STREET ADDRESS	950 S. PINE ISLAND RD. STE. 150 <i>848 Brickell Ave</i>
CITY-STATE-ZIP	PLANTATION, FL 33324 <i>Ste. 1205, MIAMI, FL 33131</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Jorge Marchena R.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #