

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90072 044 ***150.00



DOCUMENT # F01000005880

1. Entity Name

NET2PRINTER, INC.

Principal Place of Business

1591 E. ATLANTIC AVE., STE 103
 POMPANO BEACH FL 33060

Mailing Address

1591 E. ATLANTIC AVE., STE 103
 POMPANO BEACH FL 33060

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E034 (11/03)

4. FEI Number

65-1137884

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WEINBERG, STEVE~~
~~7808 SW G CT~~
~~PLANTATION FL 33324~~

both →

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7808 SW Gth Ct

City

FL

Zip Code

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

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HOWELL, BRETT | |
| STREET ADDRESS | 271 CODRINGTON DRIVE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | UPTON, CHRIS | |
| STREET ADDRESS | 30 ISLE OF VENIE SLIP #3 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | |
| TITLE | CEOD | <input type="checkbox"/> Delete |
| NAME | HOWELL, STEVEN | |
| STREET ADDRESS | 2229 NOVA VILLAGE DR | |
| CITY-ST-ZIP | DAVIE FL 33317 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1591 E. Atlantic Blvd Ste 103 | |
| CITY-ST-ZIP | Pompano Beach FL 33060 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1591 E. Atlantic Blvd Ste 103 | |
| CITY-ST-ZIP | Pompano Beach FL 33060 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Brett Howell* BRETT HOWELL PRES

Date: *1/26/04* Daytime Phone #: *954-545-1801*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #