


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90328 001 ***150.00

DOCUMENT # F03000001450

1. Entity Name
 ERPWEB.NET INC.



Principal Place of Business
 5161 COLLINS AVE., STE. 416
 MIAMI, FL 33140

Mailing Address
 5161 COLLINS AVE., STE. 416
 MIAMI, FL 33140

14013900



2. Principal Place of Business
 251 CRANDON BLVD
 Suite, Apt. #, etc.
 SUITE 608

3. Mailing Address
 251 CRANDON BLVD
 Suite, Apt. #, etc.
 SUITE 608

04262004 Chg-P CR2E034 (10/03)

City & State
 KEY-BISCAYNE, Florida

City & State
 KEY-BISCAYNE, FL

Zip
 33149

Country
 MIAMI-DADE

Zip
 33149

Country
 MIAMI-DADE

4. FEI Number
 58-2521922

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CAPITOL CORPORATE SERVICES, INC.
 1333 N. DUVAL ST.
 TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent
 Name J. OSCAR PEREZ
 Street Address (P.O. Box Number is Not Acceptable)
 251 CRANDON BLVD SUITE 608
 City KEY BISCAYNE FL Zip Code 33149

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: *J. Oscar Perez* J. OSCAR PEREZ DATE: 4/26/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	CPVP PEREZ, J. OSCAR 5161 COLLINS AVE., STE. 416 MIAMI, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEREZ, J. OSCAR 5161 COLLINS AVE., STE. 416 MIAMI, FL 33140	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *J. Oscar Perez* J. OSCAR PEREZ DATE: 4/26/04

Signature, typed or printed name of signing officer or director Date Day/Mo/Phone #