## F110000002297

(Re	equestor's Name)	
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(Ad	ldress)	<del> </del>
(Cit	ty/State/Zip/Phone	<del>e</del> #)
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SECRETARY OF STATE OF VISION OF CORPORATION

'JUL 1 6 2013

T. BROWN

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJE	CT: SIX Degrees Network, Corporation Name of Corporation	
DOCU	MENT NUMBER: F 11000002297	
The enc	closed Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s) and fee are ed for filing.	
Please r	eturn all correspondence concerning this matter to the following:	
<u>SV</u>	Name of Contact Person	
Six	Degrees Network, Corporation Firm/Company	
57	51 NW 112th Ave. #203 Address	
<u>Do</u>	Oral, FL, 33178 City/State and Zip Code	
	aron.hawkins Osixonet.com  nail address: (to be used for future annual report notification)	
For furt	her information concerning this matter, please call:	
Sho	Name of Contact Person at (786) 376.9913  Area Code & Daytime Telephone Number	
Enclose	ed is a check made payable to the Florida Department of State for the following amount:	
Ø	\$35.00 Filing Fee  S43.75 Filing Fee & Certificate of Status  S43.75 Filing Fee & Certificate Opy (Additional copy is enclosed)  \$43.75 Filing Fee & Certificate of Status & Certificate Opy (Additional copy is enclosed)	
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only	during the first calendar year of qualification)	
1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:		
Six Degrees	Network, Corporation	
2. This entity was authorized to transact business in Florida on 6.1. ZOII and its Florida document		
number is F11000002297		
3. This corporation was formed under the	he laws of New York	
4. The name and address of each office	r and/or director is as follows:	
Title:	Name and Address	
<u>President</u>	Gaston Lizana	
	5751 NW 112th Ne. #203	
	Doral FL 33178	
Vicepresident	lose Luis zumaeta	
<u>traepresident</u>		
	5751 NW 11244 AR #203	
	Doral Pl 3378	
Treasurer	Paulo Muñoz	
	5751 NW 11244 AR #203	
	DONN FL 33178	
_		
<u>Secretary</u>	Sharon Hawkin	
	5751 NW 112th Ave #203	
	DONAL FL 33NS	
(Attach additional pages if necessary)		
show pu A	Secretary / Registered Agait / Low ages	
gnature of an officer or director	Title of person signing	
ped or printed name of person signing	FILING FEE \$35	
1 5 75	Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314	