

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90011 048 \*\*\*150.00

**DOCUMENT # F99000002744**

1. Entity Name  
**NETWOLVES CORPORATION**



Principal Place of Business  
**4805 INDEPENDENCE PARKWAY  
STE 101  
TAMPA, FL 33634**

Mailing Address  
**4805 INDEPENDENCE PARKWAY  
STE 101  
TAMPA, FL 33634**

**40048903**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

03282007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**11-2208052**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TCS CORPORATE SERVICES, INC  
516 E PARK AVE 103 N MERIDIAN STREET  
TALLAHASSEE, FL 32301**

Name

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

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

*Rafael Nunez*

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

(NOTE: Registered Agent signature required when reinstating)

**03/28/07**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PC** ☒ Delete  
NAME **GROTEKE, WALTER M**  
STREET ADDRESS **1102 SOUTH BAYSHORE BLVD.**  
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE **V** ☐ Delete  
NAME **GROTEKE, WALTER R SR.**  
STREET ADDRESS **1213 ALMEDA AVENUE**  
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE **TS** ☐ Delete  
NAME **CASTLE, PETER C**  
STREET ADDRESS **5313 ARCHSTONE DRIVE, APT. 204**  
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **D** ☐ Delete  
NAME **LEVY, MYRON**  
STREET ADDRESS **807 BENT CREEK DR**  
CITY-ST-ZIP **LITITZ, PA 17543**

TITLE **D** ☒ Delete  
NAME **CAMPBELL, CARLOS**  
STREET ADDRESS **11530 LINKS DR**  
CITY-ST-ZIP **RESTON, VA 201904821**

TITLE **D** ☐ Delete  
NAME **GABREMARIANN, FASSIL**  
STREET ADDRESS **4209 WEST PLATT ST**  
CITY-ST-ZIP **TAMPA, FL 336089**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Change ☒ Addition  
NAME **SCOTT FOOTE**  
STREET ADDRESS **4805 INDEPENDENCE PKWY, SUITE 101**  
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **4805 INDEPENDENCE PKWY, SUITE 101** ☒ Change ☐ Addition  
STREET ADDRESS **TAMPA, FL 33634**

TITLE **4805 INDEPENDENCE PKWY, SUITE 101** ☒ Change ☐ Addition  
STREET ADDRESS **TAMPA, FL 33634**

TITLE **4805 INDEPENDENCE PKWY, SUITE 101** ☒ Change ☐ Addition  
STREET ADDRESS **TAMPA, FL 33634**

TITLE **D** ☐ Change ☒ Addition  
NAME **MICHAEL R. ROCQUE**  
STREET ADDRESS **4805 INDEPENDENCE PKWY, SUITE 101**  
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **4805 INDEPENDENCE PKWY, SUITE 101** ☒ Change ☐ Addition  
STREET ADDRESS **TAMPA, FL 33634**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/28/2007**

DATE

**(813) 2868644**

DAYTIME PHONE #