


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000031344		
1. Entity Name HARDSOFTNET LLC		
Principal Place of Business 9340 WEST FLAGLER ST APT 202 MIAMI, FL 33174		Mailing Address 9340 WEST FLAGLER ST APT 202 MIAMI, FL 33174
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE
HERNANDEZ, WILLIAM R SR 9340 WEST FLAGLER ST APT 202 MIAMI, FL 33174		
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when renouncing)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HERNANDEZ, SILVIA 9340 WEST FLAGLER ST #202 MIAMI, FL 33174	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HERNANDEZ, WILLIAM R 9340 WEST FLAGLER ST #202 MIAMI, FL 33174	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: <u>William R. Hernandez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>01/19/2007</u> Daytime Phone # <u>786-234-1175</u>



01192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1196672	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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01/29/07-80011-003 50.00