

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L04507

FILED
Jan 26, 2009
Secretary of State

Entity Name: NETWORK INTEGRATED SERVICES, INC.

Current Principal Place of Business:

420 S DIXIE HWY
SUITE 4F
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

420 S DIXIE HWY
SUITE 4F
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 65-0149779 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARP, GEORGE
420 S. DIXIE HIGHWAY, SUITE 4F
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JARP, GEORGE,
Address: 420 S. DIXIE HIGHWAY, STE. 4F
City-St-Zip: CORAL GABLES, FL

Title: VT () Delete
Name: JARP, JORGE
Address: 420 S. DIXIE HIGHWAY, STE. 4F
City-St-Zip: CORAL GABLES, FL 33146

Title: D/S () Delete
Name: JARP, MARY
Address: 420 S. DIXIE HIGHWAY #4F
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE JARP

P

01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date