

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90149 013 ****61.25

DOCUMENT # N04000006088 1. Entity Name FAMILY NET, INC.					
Principal Place of Business 6775 SIENNA CLUB PLACE LAUDERHILL, FL 33319				Mailing Address 6775 SIENNA CLUB PLACE LAUDERHILL, FL 33319	
2. Principal Place of Business 6775 Sienna Club Pl Suite, Apt. #, etc. lauderhill, Florida City & State		3. Mailing Address 6775 Sienna Club Pl Suite, Apt. #, etc. lauderhill, Florida City & State			
Zip 33319 Country U.S.A.		Zip 33319 Country U.S.A.		4. FEI Number 14-1913559 Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02252005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent MOORE, TAMARA 6775 SIENNA CLUB PLACE LAUDERHILL, FL 33319			7. Name and Address of New Registered Agent Name Tamara Moore Street Address (P.O. Box Number is Not Acceptable) 6775 Sienna Club Pl. City lauderhill FL Zip Code 33319		
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 2.25.05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, TAMARA 6775 SIENNA CLUB PLACE LAUDERHILL, FL 33319		<input type="checkbox"/> Delete		
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		
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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 617, 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: Tamara Moore 2/25/05 (754) 593-6962 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					