

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# N08000010078

Entity Name: GAPNET, INC.

**Current Principal Place of Business:**

6491 SUNSET STRIP  
#3  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

6491 SUNSET STRIP  
#3  
SUNRISE, FL 33313

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BAKO, ABU  
Address: 6491 SUNSET STRIP, #3  
City-St-Zip: SUNRISE, FL 33313

Title: VPD ( ) Delete  
Name: NDUKWE, CHIGBO  
Address: 6491 SUNSET STRIP, #3  
City-St-Zip: SUNRISE, FL 33313

Title: SD ( ) Delete  
Name: BROWN, SHARON  
Address: 6491 SUNSET STRIP, #3  
City-St-Zip: SUNRISE, FL 33313

Title: TD ( ) Delete  
Name: DAZA, CHRIS  
Address: 6491 SUNSET STRIP, #3  
City-St-Zip: SUNRISE, FL 33313

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON BROWN

SD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date