

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90060 050 ****61.25

DOCUMENT # N96000005135

1. Entity Name
BIZNET EXCHANGE, INC.



Principal Place of Business
3720 COCONUT CREEK PKWY
SUITE D
COCONUT CREEK, FL 33066 US

Mailing Address
C/O BHM & ASSOCIATES, INC.
3720 COCONUT CREEK PKWY, SUITE D
COCONUT CREEK, FL 33066 US

40053375



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

Ch Bank United
Suite, Apt. #, etc.

4101 Turtle Creek Drive

City & State
Coral Springs, FL

Zip *33067* Country *USA*

3. Mailing Address

Suite, Apt. #, etc. *Same*

City & State

Zip

Country

04052007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0696687

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~HERMANSEN, DIANA L~~
~~3720 COCONUT CREEK PKWY~~
~~SUITE D~~
~~COCONUT CREEK, FL 33066~~

7. Name and Address of New Registered Agent

Name *Howard Cohen, Esq*
Street Address (P.O. Box Number is Not Acceptable)
100 SE 3rd Ave, Ste 1400
Fort Lauderdale
City *FL* Zip Code *33394*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GAGNON, MARC
STREET ADDRESS 5599 SOUTH UNIVERSITY DRIVE
CITY-ST-ZIP DAVIE, FL 33328

TITLE VP ☐ Delete
NAME COHEN, HOWARD
STREET ADDRESS 100 SE 3RD AVE, STE 1400
CITY-ST-ZIP FORT LAUDERDALE, FL 33394

TITLE SEC ☒ Delete
NAME GOWDERY, MICHEL
STREET ADDRESS ~~2660 N MILITARY TRAIL, STE 100~~
CITY-ST-ZIP ~~BOCA RATON, FL 33431~~

TITLE TRES ☒ Delete
NAME ~~HERMANSEN, DIANA L~~
STREET ADDRESS ~~3720 COCONUT CREEK PKWY, STE D~~
CITY-ST-ZIP ~~COCONUT CREEK, FL 33066~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *Secretary*
STREET ADDRESS *Kruse, Tom*
CITY-ST-ZIP *101 N. State Rd 7*
Margate, FL 33063

TITLE ☒ Change ☐ Addition
NAME *Tres*
STREET ADDRESS *Whitmore, Pamela P.*
CITY-ST-ZIP *4101 Turtle Creek Drive*
Coral Springs, FL 33067

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Mar C. Gagnon, President 4/5/07 (954) 434-8050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #