


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90040 007 ***150.00

DOCUMENT # P00000000787	
1. Entity Name NET CONSTRUCTION, INC.	

Principal Place of Business 10300 SUNSET DRIVE SUITE 425 MIAMI FL 33173	Mailing Address 1005 SW 87TH AVENUE MIAMI FL 33174
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2. Principal Place of Business - No P.O. Box # 10601 N.W. 123 Street Road Suite, Apt. #, etc.	3. Mailing Address 10601 N.W. 123 Street Road Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Medley, Florida	City & State Medley, Florida
Zip 33178	Country U.S.A.

4. FEI Number 65-0970341	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARIAS, MIGUEL 10300 SUNSET DR SUITE 425 MIAMI FL 33173	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10601 NW 123 Street Road City Medley FL Zip Code 33178	

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ARIAS, MIGUEL 10300 SUNSET DR., SUITE 425 MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	10601 NW 123 st Road MEDLEY FL 33178 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: Miguel Arias **Miguel Arias** 3/20/07 305-888-3177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #