## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000002353

Entity Name: INSURANCE NET INC.

FILED Apr 26, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

455 N.E. 167TH STREET, #455 455 N.E. 167TH STREET

NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162

Current Mailing Address: New Mailing Address:

455 N.E. 167TH STREET, #455 NORTH MIAMI BEACH, FL 33162

FEI Number: 65-0977421 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HOMSI, RANDA 455 N.E. 167TH STREET, #455 NORTH MIAMI BEACH, FL 33162 HOMSI, RANDA 455 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33162

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: 04/26/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC ( ) Delete Title: PC (X) Change ( ) Addition

Name: HOMSI, RANDA Name: HOMSI, RANDA

 Address:
 455 N.E. 167TH STREET, #455
 Address:
 455 N.E. 167TH STREET

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33162
 City-St-Zip:
 NORTH MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RANDA HOMSI PC 04/26/2004