

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000006350

Entity Name: SUPERNETS, INC.

FILED
Apr 16, 2004
Secretary of State

Current Principal Place of Business:

PO BOX 4792
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

PO BOX 4792
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 65-0976606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSILLO, FRANK
8600 NW 53 TERRACE
SUITE 201
MIAMI, FL 33166 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANEZ, HUMBERTO
Address: 6180 NW 173 ST. #524
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: ANEZ, VIRGINIA
Address: 6180 NW 173 ST. #524
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANEZ, HUMBERTO
Address: 5402 WEELLCRAFT DRIVE
City-St-Zip: GREENACRES, FL 33463

Title: D (X) Change () Addition
Name: ANEZ, VIRGINIA
Address: 5402 WEELLCRAFT DRIVE
City-St-Zip: GREENACRES, FL 33463

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: HUMBERTO ANEZ

D

04/16/2004

Electronic Signature of Signing Officer or Director

Date