
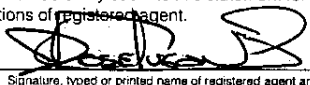



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90114 043 \*\*\*150.00

<b>DOCUMENT # P00000007641</b> 1. Entity Name <b>NET &amp; MEDIA CONSULTING, INC.</b>			
Principal Place of Business <b>15560 SW 106 LN #1305 MIAMI, FL 33196</b>		Mailing Address <b>15560 SW 106 LN #1305 MIAMI, FL 33196</b>	
2. Principal Place of Business <b>6090 SHERWOOD GLEN WAY. Suite, Apt. #, etc. #3.</b>		3. Mailing Address <b>6090 SHERWOOD GLEN WAY Suite, Apt. #, etc. #3</b>	
City & State <b>WEST PALM BEACH.</b>		City & State <b>WEST PALM BEACH</b>	
Zip <b>33415</b>	Country <b>USA</b>	Zip <b>33415</b>	Country <b>USA</b>
4. FEI Number <b>65-0977340</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PUGA, JOSE ALBERTO 15560 SW 106 LN #1305 MIAMI, FL 33196-3502</b>		7. Name and Address of New Registered Agent Name <b>PUGA, JOSE ALBERTO</b> Street Address (P.O. Box Number is Not Acceptable) <b>6090 SHERWOOD GLEN WAY. #3</b> City <b>WEST PALM BEACH</b> <b>FL</b> Zip Code <b>33415</b>	
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 		DATE <b>05/01/04</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PUGA, JOSE A 15560 SW 106 LN, #1305 MIAMI, FL 331963502	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PUGA, JOSE A. 6090 SHERWOOD GLEN WAY #3 WEST PALM BEACH. FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PUGA, VERONICA ROCIO 15560 SW 106 LN, #1305 MIAMI, FL 331963502	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PUGA, VERONICA ROCIO. 6090 SHERWOOD GLEN WAY #3. WEST PALM BEACH FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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, email or other like empowered.			
SIGNATURE: 		DATE <b>05/01/04</b> (361) 6425139.	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	