2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2005 8:00 am

	AIIIVAI				,	ı	ひせいせい	ai y '	บเอเ	ait
DOCUMENT # P0000017828 1. Entity Name NETWORK SYSTEMS & SUPPLIES, INC.						03-24-2005 90025 013 ***150.00				
Principal Plac	e of Business	Mailing Address								
877 NW 208		877 NW 208 DR PEMBROKE PINES, FL	33029			9 4 0 011001 (1. 29 m 22m 22m 27m 27m	ası merki (1811-14	1881 (8HS (1881 181	(1981) ((1 881)
2. Principal P	face of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03182005	Chg-P	CR2E	034 (10/03)	
City & State		City & State				4. FEI Numb 65-098			<u> </u>	plied For t Applicable
Zip	Country	Zip	Count	ry		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered	Agent	
ALVADEZ DICADO H				Name						
ALVAREZ, RICARDO H _877_NW.208.DR				Street Address (P.O. Box Number is Not Acceptable)						
PEMBROKE PINES, FL 33029					·					
	,,		•							
				City				FL	Zip Code	ė
	named entity submits this statement for	or the purpose of changing its	registere	d office or	register	ed agent, or bo	oth, in the State of F	lorida. I am	familiar with,	and accept
the obligat	tions of registered agent.									
SIGNATURE.										
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	Registered	Agent signes	ure required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campai Trust Fund Contr		cing 🔲	\$5. Add	.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO OF	FICERS AN	D DIRECTORS	SIN 11
TITLE	PD Dete		TITLE VP		VP		A=		☐ Change	Addition
NAME	ALVAREZ, RICARDO H		NAME STREET ADDRESS 877		ALV	4KEE, C	ATALINA rive			
STREET ADDRESS CITY-ST-ZIP	877 NW 208 DR			ET ADDRESS ST-ZIP	877	NW 608 -	nes, Fl. 3	3029		
	PEMBROKE PINES, FL 33029	<u> </u>	-		reme	DIOKE III	nes, re. s		Change	☐ Addition
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS				ET ADORESS						
CITY-ST-ZIP				ST-ZIP						
TITLE		☐ Detete	TITLE						☐ Change	☐ Addition
NAME	1		NAME	•						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP		<u> </u>		ST-ZIP	<u> </u>					
TITLE	☐ Delete		TITLE						☐ Change	Addition
NAME STREET ADDRESS			NAME	: Et address						
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE	☐ Delete		TITLE						☐ Change	Addition
NAME		_ ~~~	NAME							_
STREET ADORESS				ET ADDRESS						
CITY-ST-ZIP			CITY	ST-ZIP						
TITLE		☐ Delete	TITLE						☐ Change	Addition
NAME			NAME							
STREET ADDRESS	I			ET ADDRESS -St-Zip	I					
CITY-ST-ZIP										

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 cath; 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 appreciate product of the empowered.

SIGNATURE AND TYPED OR PRINTED PARE OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

(305)761-1551