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Jun 27, 2005 8:00 am
Secretary of State

05-03-2005 90142 019 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000061746

1. Entity Name
FLORIDANET SERVICES, INC.

Principal Place of Business	Mailing Address
710 NW 42 PLACE POMPANO BEACH, FL 33064	PO BOX 611753 POMPANO BEACH, FL 33061

-04292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2131 SE 10TH AVE.			
Suite, Apt. #, etc. 1114		Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL		City & State	
Zip 33316	Country USA	Zip	Country

4. FEI Number 65-1017163 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTA, FRANCISCO
710 NW 42 PLACE
POMPANO BEACH, FL 33064

NEW ADDRESS

7. Name and Address of New Registered Agent

Name ORTA, FRANCISCO
Street Address (P.O. Box Number is Not Acceptable) 2131 SE 10TH Ave. #1114
City Fort Lauderdale FL Zip Code 33316

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 F.O. 4/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAREDES, ANGEL 45 NE 24 STREET FT. LAUDERDALE, FL 33305	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAREDES, ANGEL P.O BOX 611753 POMPANO BEACH, FL 33061	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Paredes 4/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #