## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000094670

Name:

Address: City-St-Zip: FERRER, CECILIA

DORAL, FL 33178 US

10730 NW 66TH STREET - APT 202

Entity Name: AMERICAN TECHNET, INC

FILED Mar 23, 2009 Secretary of State

Entity Nar	ne: AMERI	CAN TECHNET, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
7500 NW 2 MIAMI, FL		ET - SUITE 247				
Current Mailing Address:			New Maili	ing Address:		
7500 NW 2 MIAMI, FL		ET - SUITE 247				
FEI Number:	65-1045170	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired (	)	
Name and	Address o	f Current Registered Agent	t: Name and	Name and Address of New Registered Agent:		
10730 NW 202 DORAL, FI The above	of Florida.	5	the purpose of changing	its registered office or registered agent, or	both,	
	Elect	ronic Signature of Registered	Agent	Date		
Election Can	npaign Finan	cing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P TORRES, LI 10730 NW 6 DORAL, FL	6TH STREET - APT 202	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VP FERRER, C 2600 NW 87 DORAL, FL	TH AVE - SUITE 32	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition FERRER, CECILIA M 10730 NW 66TH STREET - APT 202 DORAL, FL 33178 US		
Title:	SD	(X) Delete	Title:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LUIS F. TORRES P 03/23/2009