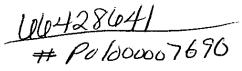
2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 18, 2004 8:00 am Secretary of State **DOCUMENT # P01000007690** 1. Entity Name 06-18-2004 90156 001 ***150.00 NETCO TEK, INC. 06-18-2004 90156 002 *****8.75 Principal Place of Business Mailing Address 7113 GOLF COLONY CT. 7149 GOLF COLONY COURT 66428641 SUITE 104 SUITE 103 LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 2. Principal Place of Business 3. Mailing Address Golf Colony (t Suite, Apt. #, etc. 06132004 CR2E034 (10/03) Cho-P City & State 4. FFI Number Applied For 65-1070777 Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENÚE CORAL GABLES, FL 33134 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. PSTD TITLE Delete TITLE ☐ Change Addition RIZZOTTI, JOHN NAME NAME 7149 GOLE COLONY COURT SUITE 103 STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CRY-ST-ZP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY+ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: SIGNER OFFICER OR DIRECTOR Daytime Phone a

FILED

Affachment



Divisions of Corp. 2670 Executive Ctr Circle Tallahassee, Fl 32301

- Please note mailing address change and that I have not received a
 – filing form-in the mail. If there is an internet notification set up
 for reminder to file etc., please put my email address in the system.
- I have also enclosed a separate check to obtain a certificate of status.

Thank You.



Netcotek inc./ John Rizzotti

Netco1tek@aol.com 561-963-2099