

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90004 006 ***158.75

DOCUMENT # P01000039001

1. Entity Name
NETWORK CONNECTION, INC.



Principal Place of Business
**16550 NW 10TH AVE
MIAMI, FL 33169**

Mailing Address
**255 SW 198 TERRACE
HOLLYWOOD, FL 33029**

DO NOT WRITE IN THIS SPACE



08082006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1093125

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOSEPH, NOHA P
255 SW 198 TERRACE
PEMBROKE PINES, FL 33029**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
JOSEPH, NOHA
255 SW 198 TERRACE
HOLLYWOOD, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Neha

ATTACHMENT

50025112
401000039007

TO WHOM IT MAY CONCERN,

I SPOKE WITH A REPRESENTATIVE ON THE PHONE ON 8/08/06 AND ADVISED THEM THAT THESE ANNUAL REPORTS WERE PREVIOUSLY SENT IN USING ONE CHECK # 5738 BACK IN APRIL TO RENEW ALL CORPORATIONS. SHE TOLD ME THAT NONE WAS RECEIVED AND THAT IT COULD HAVE BEEN DUE TO THE CHECK. I WAS ADVISED BY THE REPRESENTATIVE TO RESEND ANNUAL REPORTS USING SEPARATE CHECKS FOR ALL AND THAT THE LATE FEE WOULD BE WAIVED. I APPRECIATE ANY HELP. IF THERE ARE ANY PROBLEMS PLEASE CALL ME AT 954-442-8448.

THANK YOU

NOHA ASAD