

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046529

FILED  
Jun 30, 2004  
Secretary of State

Entity Name: NETPATIO SYSTEMS, INC.

## Current Principal Place of Business:

6500 NW 114TH AVE  
1035  
MIAMI, FL 33178

## New Principal Place of Business:

## Current Mailing Address:

6500 NW 114TH AVE  
1035  
MIAMI, FL 33178

## New Mailing Address:

FEI Number: 04-3668722      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CONTRERAS, KARLA  
6500 NW 114TH AVE  
1035  
MIAMI, FL 33178

## Name and Address of New Registered Agent:

CONTRERAS, KARLA  
6500 NW 114TH AVE  
1035  
MIAMI, FL 33178

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.

SIGNATURE: KARLA CONTRERAS

06/30/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: PALMA, RAUL J  
Address: 6500 NW 114TH AVE  
City-St-Zip: MIAMI, FL 33178

Title: PD (X) Delete  
Name: CONTRERAS, KARLA P  
Address: 6500 NW 114TH AVE  
City-St-Zip: MIAMI, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CONTRERAS, KARLA P  
Address: 6500 NW 114TH AVE  
City-St-Zip: MIAMI, FL 33178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: KARLA CONTRERAS

PD

06/30/2004

Electronic Signature of Signing Officer or Director

Date