


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90102 034 ***150.00

DOCUMENT # P01000050697 1. Entity Name UND, US NETWORK DIRECT, CORP					
Principal Place of Business 100 NORTH BISCAYNE BLVD., SUITE 812 MIAMI, FL 33132			Mailing Address 100 NORTH BISCAYNE BLVD., SUITE 812 MIAMI, FL 33132		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 9010 SW 137 AVE Suite 113 Miami, FL 33186 United States			
City & State Miami, FL		4. FEI Number 65-1110723		Applied For <input type="checkbox"/> Not Applicable	
Zip 33186		Country United States		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINTERO, ANDRES E 9010 SW 137TH AVENUE SUITE 240 MIAMI, FL 33186			7. Name and Address of New Registered Agent Name Brito, Antonio E. Street Address (P.O. Box Number is Not Acceptable) 100 North Biscayne Blvd. Suite 812 City Miami FL 33132		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P BRITO, ANTONIO E 9010 SW 137TH AVE SUITE 240 MIAMI, FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Antonio E. Brito <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			05/01/07 <small>Date</small>		