

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000059497

1. Entity Name
LIMANET, CORP.



Principal Place of Business
7370 NW 36TH ST
SUITE 122
MIAMI, FL 33196 US

Mailing Address
7370 NW 36TH ST
SUITE 122
MIAMI, FL 33196 US

FILED

04 SEP 17 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/15/04 90031 045 180000

07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1142482

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARRAZA, JULIAN

~~4995 NW 79TH AVENUE SUITE 107~~
MIAMI, FL 33166

**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 \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE PT
NAME BARRAZA, JULIAN
STREET ADDRESS ~~4995 NW 79TH AVENUE SUITE 107~~
CITY-ST-ZIP MIAMI, FL 33166

TITLE
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #