

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90101 006 ***150.00

DOCUMENT # P01000074879 1. Entity Name C.S. NETWORKS, INC.			
Principal Place of Business 319 CLEMATIS ST STE 303 WEST PALM BEACH, FL 33401		Mailing Address 319 CLEMATIS ST STE 303 WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box # 1750 No. FLA. MANGO RD.		3. Mailing Address 1750 No. FLA. MANGO RD.	
Suite, Apt. #, etc. 406		Suite, Apt. #, etc. 406	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL	
Zip 33409		Zip 33409	
Country US		Country US	
4. FEI Number 01-0583454		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOMBROSKI, JAY 319 CLEMATIS STREET STE 303 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 713 SNOWDEN DR City LAKE WORTH FL Zip Code 33461	
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) DATE _____			
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 D	NAME DOMBROSKI, JAY	TITLE Change	NAME 713 SNOWDEN DR
STREET ADDRESS 319 CLEMATIS STREET STE 303	CITY-ST-ZIP WEST PALM BEACH, FL 33401	STREET ADDRESS LAKE WORTH, FL 33461	CITY-ST-ZIP LAKE WORTH, FL 33461
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: Jay M. Dombroski 1/18/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	