


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90420 037 ***150.00

DOCUMENT # P01000080568	
1. Entity Name GEOSNET, INC.	

Principal Place of Business 200 WEST PARK DR. 201 MIAMI, FL 33172	Mailing Address PO BOX 441838 MIAMI, FL 33144
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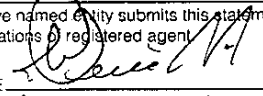
14014515



2. Principal Place of Business 750 NW 106 AVE Suite, Apt. #, etc. UNIT 8 City & State MIAMI FL Zip 33172	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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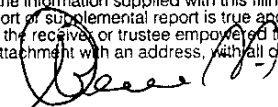
04292005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1129818	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIO, VENANCIO 8310 NW 7ST. #49 MIAMI, FL 33126	
7. Name and Address of New Registered Agent Name PIO, VENANCIO Street Address (P.O. Box Number is Not Acceptable) 750 NW 106 AVE UNIT 8 City MIAMI FL Zip Code 33172	

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 	DATE 04/29/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIO, VENANCIO 8310 NW 7ST. #49 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIO, VENANCIO 750 NW 106 AVE UNIT 8 MIAMI FL 33126 <input checked="" 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
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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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

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: 	DATE 04/29/05 (305) 353 5788