

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90043 033 ***150.00

DOCUMENT # P01000113917

1: Entity Name

THE R.E. NETWORK, INC.



Principal Place of Business

4802 W COMMERCIAL BLVD
FORT LAUDERDALE FL 33319

Mailing Address

4802 W COMMERCIAL BLVD
FORT LAUDERDALE FL 33319

54028618



MOORE CR2E034 (11/03)

2. Principal Place of Business

7300 WEST CAMINO REAL

3. Mailing Address

7300 WEST CAMINO REAL

Suite, Apt. #, etc.

SUITE 113

Suite, Apt. #, etc.

SUITE 113

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33433

Country

Palmer Beach

Zip

33433

Country

Palmer Beach

4. FEI Number

65-1156408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTHMAN, LEE MAX
2295 CORPORATE BLVD NW SUITE 134
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name FRANK VAN AALDEN

Street Address (P.O. Box Number is Not Acceptable)

7300 WEST CAMINO REAL, STE 113

City

BOCA RATON

FL

Zip Code

33433

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

FRANK VAN AALDEN, Pres.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

PTS

☐ Delete

NAME

VAN AALDEN, FRANKLIN W

STREET ADDRESS

6568 PATIO LANE

CITY-ST-ZIP

BOCA RATON FL 33433

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

☐ Change

☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition

STREET ADDRESS

CITY-ST-ZIP

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:

FRANK VAN AALDEN, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/04 8613944884