


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90180 048 ***150.00

DOCUMENT # P02000002004	
1. Entity Name Network Partner Solutions, Inc.	

80087553

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5701 Collins Ave Suite, Apt. #, etc. 814 City & State Miami Beach, FL Zip 33140 Country U.S.	3. Mailing Address 5701 Collins Ave Suite, Apt. #, etc. 814 City & State Miami Beach Zip 33140 Country U.S.
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DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3587238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent -	
	Name Spiegel & Utrera, PA	
	Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22nd St. #4th Floor	
	City Miami	FL Zip Code 33145

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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>
DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NAJA, GIOVANNI 5701 Collins Ave. #814 Miami, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOTAIS, ANNE 5701 Collins Ave. #814 Miami, FL 33140	TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/9/03 205-261-6251 Daytime Phone

CR2E034B (12/02)