



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90222 014 ***150.00

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|--|--|---|--|---|--|
| DOCUMENT # P02000018489 1. Entity Name MEMBERS NETWORKING CORP. | | | |  | |
| Principal Place of Business 188805 NW 48 TH AVENUE OPALOCKA, FL 33055 | | | Mailing Address 3600 S. STATE RD 7 (441) 253 MIRAMAR, FL 33023 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address 4891 NW 103 Ave Suite, Apt. #, etc. 10 City & State SUNRISE FL Zip 33351 Country USA | | <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">14006737</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 04252005 Chg-P CR2E034 (10/03) </div> <div style="display: flex; justify-content: space-between;"> <div> 4. FEI Number 04-3608787 </div> <div> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div> | |
| 6. Name and Address of Current Registered Agent PIERRE, MARC JEAN 18805 NW 48TH AVENUE OPA LOCKA, FL 33055 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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) DATE</small> | | | | | |
| 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PIERRE, MARC JEAN 18805 NW 48TH AVENUE OPA LOCKA, FL 33055 <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 | VP REMY, MAGALIE 1448 N W 129 WAY SUNRISE, FL 33323 <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 | SVCF VICTOR, BERNARD 1448 N W 129 WAY SUNRISE, FL 33323 <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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| 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 any address, with all other like empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date 4/25/05 Daytime Phone # | | | | | |