


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

05-20-2004 90006 040 \*\*\*150.00

**DOCUMENT # P02000033105**

1. Entity Name  
**NET GROUP, INC.**



**44045711**



Principal Place of Business  
**5088 NW 115 CT  
 DORAL LANDINGS  
 MIAMI, FL 33178**

Mailing Address  
**6431 S. MANGROVE KAY WAY  
 DORAL LANDINGS  
 MIAMI, FL 33178**

2. Principal Place of Business  
**6431 S. Mangrove Cay Way**

3. Mailing Address  
**6431 S. Mangrove Cay Way**

Suite, Apt. #, etc.

03312004 Chg-P CR2E034 (10/03)

City & State  
**Lantana, FL**

4. FEI Number  
**51-0416796**

Applied For  
 Not Applicable

Zip  
**33462**

Country  
**US**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GONZALEZ, FELIX  
 6431 S. MANGROVE KAY WAY  
 DORAL LANDINGS  
 MIAMI, FL 33178**

**7. Name and Address of New Registered Agent**

Name  
**Gonzalez, Felix**

Street Address (P.O. Box Number is Not Acceptable)  
**6431 S. Mangrove Cay Way**

City  
**Lantana**

State  
**FL**

Zip Code  
**33462**

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:  **Felix Gonzalez** DATE: **4-2-04**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D <input type="checkbox"/> Delete
NAME	<b>GONZALEZ, FELIX</b>
STREET ADDRESS	<b>6431 S. MANGROVE KAY WAY</b>
CITY-ST-ZIP	<b>LANTANA, FL 334662</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gonzalez, Felix</b>
STREET ADDRESS	<b>6431 S. Mangrove Kay Way</b>
CITY-ST-ZIP	<b>Lantana, FL 33462</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:**  **Felix Gonzalez** DATE: **4-2-04** DAYTIME PHONE #: **561-649-2479**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR