

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90397 040 ***150.00

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1. Entity Name
NET-WORK, INC.

Principal Place of Business
**50 ALHAMBRA CIR
CORAL GABLES, FL**

Mailing Address
**PO BOX 164406
MIAMI, FL 33116**

40075585



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-0938783

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALEXANDER, CAROL
11375 SW 112 CIR LANE S
MIAMI, FL 33176**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CHRISTOPHERS, FRANKLIN**
STREET ADDRESS **2050 CORAL WAY, #403**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **VP** ☐ Delete
NAME **WEBLEY, MIKE**
STREET ADDRESS **13345 SW 135 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **S/T** ☐ Delete
NAME **ALEXANDER, CAROL**
STREET ADDRESS **11375 SW 112 CIR LANE SO**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **VP** ☒ Delete
NAME **KADE, PAUL**
STREET ADDRESS **DADELAND TOWERS NORTH, # 400**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **SERGIO P. PTO**
CITY-ST-ZIP **13593 So. Dixie Hwy**
M. AMI, FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Carol Alexander*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06

Date

305-333-7760

Daytime Phone #