



2004 FOR PROFIT CORPORATION ANNUAL REPORT

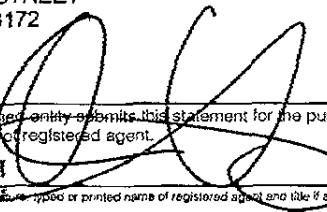
FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000049079	
1. Entry Name GISNET TELECOM, INC.	

Principal Place of Business 9730 NW 25 STREET MIAMI, FL 33172	Mailing Address 9730 NW 25 STREET MIAMI, FL 33172
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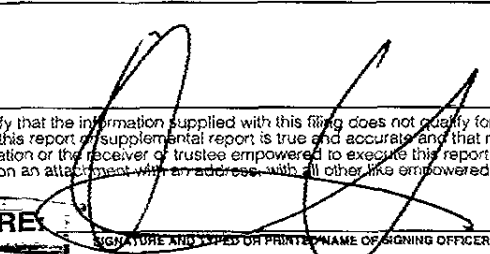
DO NOT WRITE IN THIS SPACE

	
01132004	No Chg-P CR2E034 (10/03)
4. FEI Number 82-0543892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

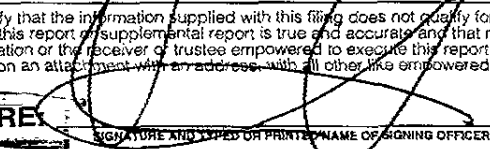
6. Name and Address of Current Registered Agent ARMENTEROS, OMAR JR. 9730 NW 25 STREET MIAMI, FL 33172	DO NOT WRITE IN THIS SPACE
	

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 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000099570 03/31/04-80011-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMENTEROS, OMAR SR. 9730 NW 25 STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARMENTEROS JR., OMAR 9730 NW 25 STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VELOSO, FELIX 9730 NW 25 ST. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEHLER, MATTHEW 9730 NW 25 ST. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VEGA, ALFREDO 9730 NW 25 ST. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 	DATE