2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
03-15-2005 90037 034 ***150.00

DOCUMENT # P02000049079

1. Entity Name
GISNET TELECOM, INC.

Principal Place of Business	Mailing Address
9730 NW 25 STREET MIAMI, FL 33172	9730 NW 25 STREET MIAMI, FL 33172

66011906

01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0543892
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARMENTEROS, OMAR JR.
9730 NW 25 STREET
MIAMI, FL 33172

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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
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, 2005 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
NAME	ARMENTEROS, OMAR SR.
STREET ADDRESS	9730 NW 25 STREET
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	P
NAME	ARMENTEROS JR., OMAR
STREET ADDRESS	9730 NW 25 STREET
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	V
NAME	VELOSO, FELIX
STREET ADDRESS	9730 NW 25 ST.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	T
NAME	MEHLER, MATTHEW
STREET ADDRESS	9730 NW 25 ST.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	S
NAME	VEGA, ALFREDO
STREET ADDRESS	9730 NW 25 ST.
CITY-ST-ZIP	MIAMI, FL 33172
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #