2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State
04-26-2004 90467 040 ***150.00

DOCUMENT # P02000094211

1. Entity Name

CNS-COMPLETE NETWORK SOLUTIONS INC.

Principal Place of Business	Mailing Address
7997 W 18 CT HIALEAH FL 33014	7997 W 18 CT HIALEAH FL 33014

66422812

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1124289 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VIDAURRAZAGA, ANDRES J 7997 W 18 CT HIALEAH FL 33014	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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	VP ☑ Change ☐ Addition
NAME	VIDAURRAZAGA, ANDRES J	NAME	VIDAURRAZAGA, ANDRES
STREET ADDRESS	7997 W 18 CT	STREET ADDRESS	7997 W 18 COURT
CITY-ST-ZIP	HIALEAH FL 33014	CITY-ST-ZIP	Hialeah, FL 33014
TITLE	DV ☐ Delete	TITLE	P ☑ Change ☐ Addition
NAME	VIDAURRAZAGA, LINDA J	NAME	VIDAURRAZAGA, LINDA J.
STREET ADDRESS	7997 W 18 CT	STREET ADDRESS	7997 W 18 CT
CITY-ST-ZIP	HIALEAH FL 33014	CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Linda Vidaurrazaga (LINDA J. VIDAURRAZAGA) 4/18/04 (305) 556-0995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #