

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109027

Entity Name: INFINET SOLUTIONS, INC.

FILED
Jan 06, 2005
Secretary of State

Current Principal Place of Business:

6605 VIA REGINA
BOCA RATON, FL 33433

New Principal Place of Business:

2700 NORTH MILITARY TRAIL
SUITE 210
BOCA RATON, FL 33431

Current Mailing Address:

PO BOX 273353
BOCA RATON, FL 33427

New Mailing Address:

2700 NORTH MILITARY TRAIL
SUITE 210
BOCA RATON, FL 33431

FEI Number: 14-1850649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, JASON M
6605 VIA REGINA
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

BLACK, JASON M
2700 NORTH MILITARY TRAIL
SUITE 210
BOCA RATON, FL 33431 US

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.

SIGNATURE:

01/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLACK, JASON M
Address: 6605 VIA REGINA
City-St-Zip: BOCA RATON, FL 33433

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: OLSHER, MICHAEL PH.D
Address: 16199 ANDALUCIA LANE
City-St-Zip: DELRAY BEACH, FL 33446

Title: O () Change (X) Addition
Name: OLSHER, DAX
Address: 530 SWINTON AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON M. BLACK

D

01/06/2005

Electronic Signature of Signing Officer or Director

Date