

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000048106 1. Entity Name BANSOLNET, CORP.	
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Principal Place of Business 50 SW 10TH ST SUITE 1004 MIAMI, FL 33130	Mailing Address 50 SW 10TH ST SUITE 1004 MIAMI, FL 33130
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1693632	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SANTOS, EDUARDO
50 SW 10TH ST
SUITE 1004
MIAMI, FL 33130**

**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.

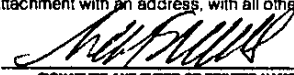
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) **January 23/07.** DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000605185 01/30/07-80026-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRA, JANET A 1700 SW 1ST AVE., #604 MIAMI, FL 331291158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SERRANO, SANTIAGO M 1700 SW 1ST AVE., #604 MIAMI, FL 331291158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTOS, SUSANA C 1700 SW 1ST AVE., #604 MIAMI, FL 331291158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, EDUARDO E 1700 SW 1ST AVE., #604 MIAMI, FL 331291158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **January 23/07 305-7752250** Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR