
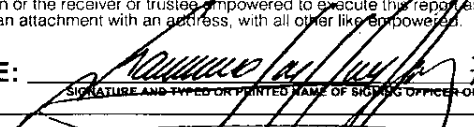


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90056 018 ***150.00

DOCUMENT # P03000057669 1. Entity Name NETSER COMPUTER INTERNATIONAL, INC.			
Principal Place of Business 11310 HERON BAY BLVD 2223 CORAL SPRINGS, FL 33076 US		Mailing Address 11310 HERON BAY BLVD 2223 CORAL SPRINGS, FL 33076 US	
2. Principal Place of Business - No P.O. Box # 10100 W SAMPLE ROAD Suite, Apt. #, etc. Suite #333 City & State Coral Springs, FL Zip 33065 Country USA		3. Mailing Address 10100 W SAMPLE ROAD Suite, Apt. #, etc. Suite # 333 City & State Coral Springs, FL Zip 33065 Country USA	
4. FEI Number 76-0734697		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAPPORT, STEPHEN R 201 ALHAMBRA CIRCLE 711 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HERRERA, FRANCISCO J 11310 HERON BAY BLVD, APT 2223 CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerments.			
SIGNATURE: 		FRANCISCO HERRERA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
Date 1/19/2007		Daytime Phone # 954-2276774	