


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90983 015 ***155.00

| | | | |
|--|---------------------------------|--|---|
| DOCUMENT # P03000065853 1. Entity Name OPEN NETWORKS, INC. | |  | |
| Principal Place of Business 5621 HARDING ST HOLLYWOOD, FL 33021 | | Mailing Address 5621 HARDING ST HOLLYWOOD, FL 33021 | |
| 2. Principal Place of Business 400 Via Lugano Circle Apt # 210 Boynton Beach, FL 33436 USA | | 3. Mailing Address 400 Via Lugano Circle Apt # 210 Boynton Beach, FL 33436 USA | |
| 4. FEI Number 14-1887011 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 04202004 Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent OSSA, SANDRA L 5621 HARDING ST HOLLYWOOD, FL 33021 | | 7. Name and Address of New Registered Agent Name Ossa, Sandra L Street Address (P.O. Box Number is Not Acceptable) 400 Via Lugano Circle Apt # 210 City Boynton Beach FL Zip Code 33436 | |
| 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) _____ DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P NAME OSSA, SANDRA L STREET ADDRESS 5621 HARDING ST CITY-ST-ZIP HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS 400 Via Lugano Circle apt 210 CITY-ST-ZIP Boynton Beach, FL 33436 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE V NAME CARDENAS, JUAN C STREET ADDRESS 5621 HARDING ST CITY-ST-ZIP HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS 400 Via Lugano Circle apt 210 CITY-ST-ZIP Boynton Beach, FL 33436 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Sandra L. Ossa | | Date 04/22/04 Daytime Phone # 561-735-7683 | |