2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State
03-31-2004 90001 030 ***150.00

DOCUMENT # P03000067219

1. Entity Name
INET FINANCIAL SERVICES, INC.

54024286

Principal Place of Business	Mailing Address
10766 WILES ROAD CORAL SPRINGS, FL 33076	10766 WILES ROAD CORAL SPRINGS, FL 33076

03092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
[illegible]	Same #171
Suite, Apt. #, etc.: 1440 Coral Ridge Dr #171	Suite, Apt. # etc.: 1440 Coral Ridge Dr.
City & State: Coral Springs, FL	City & State: Coral Springs FL
Zip: 33071 Country: Broward	Zip: 33071 Country:

4. FEI Number: 75-3119255 — 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
Name: Bryan Schwartz
Street Address (P.O. Box Number is Not Acceptable): 12654 NW 7 St.
City: Coral Springs FL Zip Code: 33071

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 ______

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD TENZER, SAM 7411 NW 37 COURT LAUDERHILL, FL 33319	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THOMAS, AUDREY 10546 NW 57 STREET CORAL SPRINGS, FL 33076	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHWARTZ, BRYAN 387 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071	☐ Delete	12654 NW 7 St. Coral Springs, FL 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR