## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Secretary of State 03-21-2005 90127 040 \*\*\*150.00 DOCUMENT # P03000074062 CBNET REALTY CORP. 50029811 Principal Place of Business Mailing Address 19431 S.W. 39 STREET 19431 S.W. 39 STREET MIRAMAR, FL 33029 MIRAMAR, FL 33029 2. Principal Place of Business 10817 Indian Trail 3. Mailing Address 10817 Indian Trail Suite, Apt. #, etc. Suite, Apt. #, etc. 03102005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number Cooper City, FL Cooper City, FL 20-2006180 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33328 33328 Broward Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>FRED BELIARD</u> DUGNE, FRANCOIS JR. Street Address (P.O. Box Number is Not Acceptable) 10817 Indian Trail 15590 N.W 15TH AVENUE MIAMI, FL 33169 Cooper City 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. March 11, 2005 FRED BELIARD SIGNATURE 1 Signature, typed or printed ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PVS Delete DPS TITLE TITLE FRED BELIARD NAME DUGNE, FRANCOIS JR. NAME 10817 Indian Trail STREET ADDRESS 15590 N.W. 15TH AV STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33169 CITY-ST-ZIP Cooper City, FL 33328 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete T(T) F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE THLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attactyment with an address, with all other like empowered.

FRED BELIARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Mar 21, 2005 8:00 am

March 11, 2005 954-434-9609

Daytime Phone #

Date