

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-26-2004 90007 021 ***150.00

DOCUMENT # P03000089650

1. Entity Name
NETWIZARD USA, INC.



Principal Place of Business
**10071 SW 146TH COURT
MIAMI, FL 33186**

Mailing Address
**10071 SW 146TH COURT
MIAMI, FL 33186**

44049780



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For
☒ Not Applicable

Zip Country

Zip Country

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

SOLER, JESUS D
**10071 SW 146TH COURT
MIAMI, FL 33186**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: *[Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

07-01-04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSD
SOLER, JESUS D
10071 SW 146TH COURT
MIAMI, FL 33186**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-01-04

Date

305 546 0054

Daytime Phone #

Attachment-

2012

44049780
#P0300087650

07-01-04

~~I am sorry to be late with this form, but this is~~
my first company and I haven't receive any notice of
intent to dissolve until 3 days ago.

Thank you

David Sole

Here is my check payable to the Department of State

Thanks is you

David Sole