

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094685

FILED
Apr 29, 2004
Secretary of State

Entity Name: F-X NET, INC.

Current Principal Place of Business:

3162 COMMODORE PLAZA
H1
COCONUT GROVE, FL 33133 US

Current Mailing Address:

3162 COMMODORE PLAZA
H1
COCONUT GROVE, FL 33133 US

FEI Number: 20-0224428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

2332 GALIANO STREET
#119
CORAL GABLES, FL 33134 US

New Mailing Address:

2332 GALIANO STREET
#119
CORAL GABLES, FL 33134 US

Name and Address of Current Registered Agent:

WILLS, PATRICIO
7355 NW 41TH STREET
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOMEZ, WILSON
Address: CR. 18 # 93-55
City-St-Zip: BOGOTA, DE N/A

Title: V () Delete
Name: WILLS, PATRICIO
Address: 7355 NW 41TH STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILSON GOMEZ

P

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date