

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118963

FILED
Apr 21, 2008
Secretary of State

Entity Name: STARTUPS.COM NETWORK, INC.

Current Principal Place of Business:

325 SOUTH BISCAYNE BLVD
SUITE 1023
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

325 SOUTH BISCAYNE BLVD
SUITE 1023
MIAMI, FL 33131

New Mailing Address:

1000 BRICKELL AVENUE
SUITE 300
MIAMI, FL 33131

FEI Number: 20-1504421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.
1000 BRICKELL AVE., SUITE 300
MIAMI, FL 33131 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: D () Delete
Name: ARZUAGA, GONZALO
Address: 325 SOUTH BISCAYNE BLVD., SUITE 1023
City-St-Zip: MIAMI, FL 33131

Title: DP () Delete
Name: TEZANOS, MATIAS DE
Address: 325 SOUTH BISCAYNE BLVD., SUITE 1023
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: TEZANOS, MATIAS DE
Address: 325 SOUTH BISCAYNE BLVD., SUITE 1023
City-St-Zip: MIAMI, FL 33131

Title: D/P () Change (X) Addition
Name: DENT DAVILA, CHRISTOPHER C.
Address: 325 SOUTH BISCAYNE BLVD., SUITE 1023
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GONZALO ARZUAGA

D

04/21/2008

Electronic Signature of Signing Officer or Director

Date