


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000134579</b> 1. Entity Name <b>FONTANET AND PARTNER CORPORATION</b>	
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FILED

05 MAY 17 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 701 NE 23 ST APT 306 MIAMI, FL 33137	Mailing Address 701 NE 23 ST APT 306 MIAMI, FL 33137
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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02222005    Chg-P    CR2E034 (10/03)

4. FEI Number <b>42-1647805</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent CASAS, DIEGO JOSE 701 NE 23 ST APT 306 MIAMI, FL 33137
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7. Name and Address of New Registered Agent Name: <b>Corporate Process Services</b> Street Address (P.O. Box Number is Not Acceptable): <b>2300 Coral Way Suite 201</b> City: <b>Miami</b> State: <b>FL</b> Zip Code: <b>33145</b>
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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: *Robert Williams*    DATE: 5/9/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>FONTANET, ZANITH</b> % 701 NE 23 ST APT 306 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Delete <b>CASAS, DIEGO JOSE</b> % 701 NE 23 ST APT 306 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100054751721</b> 05/19/05--01004--003    **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]*    Date: March 10, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #