2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000098094

Title:

Name:

Address:

City-St-Zip:

Entity Name: COOKE'S NETWORK SERVICES, INC.

() Delete

RAMOS, CHARLIE

2130 LONGUS STREET

CARDONA RIZAL, PI 1950 PI

FILED Mar 05, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	ER STREET	110	7958 PINES BLVD SU	JITE
HOLLYWO	OOD, FL 33024	US	123 HOLLYWOOD, FL 3:	3024 US
Current Ma	ailing Address	s:	New Mailing Addres	ss:
	440 CUSTER STREET OLLYWOOD, FL 33024 US		7958 PINES BLVD SUITE	
HOLLYWO	OD, FL 33024	US	123 HOLLYWOOD, FL 3:	3024 US
FEI Number:	22-3915310	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
6440 CÚST	RTHUR N JR. ER STREET OD, FL 33004	US		
-				
		ubmits this statement for the p	purpose of changing its registere	ed office or registered agent, or both,
The above in the State SIGNATUR	of Florida.			ed office or registered agent, or both,
in the State	of Florida.	ubmits this statement for the positions of Registered Ag		ed office or registered agent, or both, Date
in the State SIGNATUR	of Florida. É RE: Electroni			
in the State SIGNATUR	of Florida. É RE: Electroni	c Signature of Registered Ag Trust Fund Contribution ().	ent	
in the State SIGNATUR Election Cam OFFICERS Title: Name: Address:	of Florida. Electroni paign Financing AND DIRECT	c Signature of Registered Ag Trust Fund Contribution (). TORS: Delete R N JR. ETREET	ent	Date
in the State SIGNATUR	Electroni paign Financing AND DIRECT P () COOKE, ARTHU 6440 CUSTER S HOLLYWOOD, F	c Signature of Registered Ag Trust Fund Contribution (). FORS: Delete R N JR. STREET FL 33024 US Delete -HOFFNER R STREET	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ARTHUR N COOKE JR P 03/05/2009

() Change () Addition