

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90024 013 \*\*\*150.00

<b>DOCUMENT # P05000118005</b> 1. Entity Name <b>CYBERNET CORPORATION OF CENTRAL FLORIDA INC</b>			
Principal Place of Business <b>138 PALM COAST PARKWAY</b> <b>306</b> <b>PALM COAST, FL 32137</b>		Mailing Address <b>138 PALM COAST PARKWAY</b> <b>306</b> <b>PALM COAST, FL 32137</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1515 Ridge Wood Ave</b> Suite, Apt. #, etc.	
City & State <b>Holly Hill FL</b>		City & State <b>Holly Hill FL</b>	
Zip <b>32117</b>	Country	Zip <b>32117</b>	Country
6. Name and Address of Current Registered Agent <b>LOGUIDICE, JOE</b> <b>1515 RIDGEWOOD AVE</b> <b>A</b> <b>HOLLY HILL, FL 32117</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>Joe Loguidice</i></u> DATE <u>7/12/06</u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>KHIYAYEV, BORIS</b> <b>138 PALM COAST PARKWAY STE 306</b> <b>PALM COAST, FL 32137</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MATRIX KRISTINA</b> <b>138 palm coast park way Ste 306</b> <b>palm coast FL 32137</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained 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 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.			
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>7/12/2006</u> <small>Date Daytime Phone #</small>	

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07142006 Chg-P CR2E034 (11/05)

FEI Number 01-0747456 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required