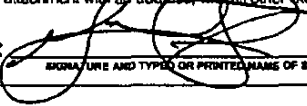


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

04-14-2006 90146 031 ***158.75

DOCUMENT # P05000121001			
1. Entry Name FISHNET ENTERPRISES CORP.			
Principal Place of Business 6980 NW 186TH ST. # 428 MIAMI, FL 33015 US		Mailing Address 6980 NW 186TH ST. # 428 MIAMI, FL 33015 US	
2. Principal Place of Business 557 NW 208TH DR		3. Mailing Address 557 NW 208TH DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL	
Zip 33029	Country US	Zip 33029	Country US
4. FEI Number 20-3399471		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, GABINO 6980 NW 186TH ST. # 428 MIAMI, FL 33015		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MARTINEZ, GABINO 6980 NW 186TH ST. # 428 MIAMI, FL 33015 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER/C/S/T MARTINEZ, GABINO 557 NW 208TH DR PEMBROKE PINES, FL 33029 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, GABINO 6980 NW 186TH ST. # 428 MIAMI, FL 33015 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-OWNER/VICE-CHAIRMAN NAVAS-CANINO, CARLA 557 NW 208TH DR PEMBROKE PINES, FL 33029 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.			
SIGNATURE: 		GABINO MARTINEZ 4/11/06 954-275-9774	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	