

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90421 008 \*\*\*158.75

DOCUMENT # P05000121001

1. Entity Name  
FISHNET ENTERPRISES CORP.



Principal Place of Business  
557 NW 20TH DR  
MIAMI, FL 33015 US

Mailing Address  
557 NW 20TH DR  
MIAMI, FL 33015 US

2. Principal Place of Business - No P.O. Box #

1171 SW 109 LN

Suite, Apt. #, etc.

3. Mailing Address

1171 SW 109 LN

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

20-3399471

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

Zip  
33324

Country

BROWARD

Zip  
33324

Country

BROWARD

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  
GABINO MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)  
1171 SW 109 LN

City  
DAVIE

FL

Zip Code  
33324

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 reinstating)

4/27/07

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CST ☐ Delete  
NAME MATINEZ, GABINO  
STREET ADDRESS 557 208TH DR  
CITY-ST-ZIP HOLLYWOOD, FL 33029

TITLE VC ☐ Delete  
NAME CANINO, CARLA N  
STREET ADDRESS 557 NW 20TH DR  
CITY-ST-ZIP HOLLYWOOD, FL 33029

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CST - OWNER ☒ Change ☐ Addition  
NAME GABINO MARTINEZ  
STREET ADDRESS 1171 SW 109 LN  
CITY-ST-ZIP DAVIE, FL 33324

TITLE P/VC - CO-OWNER ☒ Change ☐ Addition  
NAME CARLA N KERSTENS  
STREET ADDRESS 1171 SW 109 LN  
CITY-ST-ZIP DAVIE, FL 33324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 information.

SIGNATURE:

GABINO MARTINEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

954-275-9774

Date

Daytime Phone #