

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000134601

Entity Name: ABOUND NET, INC.

FILED  
May 08, 2009  
Secretary of State

## Current Principal Place of Business:

2800 W STATE ROAD 84  
SUITE 118  
FORT LAUDERDALE, FL 33312 US

## New Principal Place of Business:

## Current Mailing Address:

2800 W STATE ROAD 84  
SUITE 118  
FORT LAUDERDALE, FL 33312 US

## New Mailing Address:

FEI Number: 20-3572115      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION  
1100 SOUTH FEDERAL HWY  
2ND FLOOR  
DEERFIELD BEACH, FL 33442 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: RAMOS, MARCELO M  
Address: 993 HARBOR VIEW NORTH  
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: VP ( ) Delete  
Name: RAMOS, FLAVIA L  
Address: 993 HARBOR VIEW NORTH  
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: VP ( ) Delete  
Name: BARROS, LUIS ALBERTO V  
Address: RUA DESENHISTA LUIZ GUIMARAES, 260  
City-St-Zip: RIO DE JANEIRO, RJ 22793-260 BR

Title: VP ( ) Delete  
Name: LANNES, ANTONIO TADEU L  
Address: 5511 BUTTERNUT CIRCLE  
City-St-Zip: MINNETONKA, MN 55343 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MARCELO M RAMOS

PST

05/08/2009

Electronic Signature of Signing Officer or Director

Date