


2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/5/2006-90022-028-\$150.00-\$150.00

DOCUMENT # P05000151926 1. Entity Name NETWORK PROVIDERS, INC.						<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">2006 OCT -5 AM 9:04</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 7950 NORTHWEST 155TH STREET STE. #204 MIAMI LAKES, FL 33016 US				Mailing Address 7950 NORTHWEST 155TH STREET STE. #204 MIAMI LAKES, FL 33016 US			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 02-0759292				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HUGO FLORIDO, P.A. 7950 NORTHWEST 155TH STREET STE. #203 MIAMI LAKES, FL 33016				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D FLORIDO, HUGO 7950 NORTHWEST 155TH STREET, STE. #204 MIAMI LAKES, FL 33016				TITLE NAME STREET ADDRESS CITY-ST-ZIP D Sarmara Rodriguez 5610 SW 19 Lane Southwest Ranches, FL 33332			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 8/21/06 Daytime Phone # 305-828-1690			