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Secretary of State

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02-12-2007 90082 035 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000013219

1. Entity Name
CORPNET INC.

Principal Place of Business	Mailing Address
801 SW 8 STREET SUITE B MIAMI, FL 33130	801 SW 8 STREET SUITE B MIAMI, FL 33130

01132007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8120 N.W. 66 st.	8120 NW 66 st.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number: 20-4222303 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IRAUSQUIN, YELANIA 801 SW 8 STREET SUITE B MIAMI, FL 33130	Name: YELANIA IRAUSQUIN Street Address (P.O. Box Number is Not Acceptable): 8120 N.W. 66 st. City: Miami FL Zip Code: 33166

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] Yelania Irausquin DATE: 1/29/2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P NAME: IRAUSQUIN, YELANIA STREET ADDRESS: 801 SW 8 STREET #B CITY-ST-ZIP: MIAMI, FL 33130	☐ Delete	TITLE: P NAME: IRAUSQUIN, YELANIA STREET ADDRESS / CITY-ST-ZIP: 8120 N.W. 66 st. Miami, FL 33166 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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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: [signature] Yelania Irausquin 01/29/2007 305-5979089

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #