

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018797

Entity Name: EVOIPNET USA, CORP

FILED
Mar 13, 2008
Secretary of State

Current Principal Place of Business:

7901 NW 67TH STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7901 NW 67TH STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-4257295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FANTINI, AMADEU J
7901 NW 67TH STREET
MIAMI, FL 33166 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPST () Delete
Name: MARQUES, ALESSANDRO M
Address: RUA DOUTOR MARIO MOURAO 72 SAO PAULO
City-St-Zip: SP BRAZIL 04357-000, FL 33166 XX

Title: PTD () Delete
Name: FANTINI, AMADEU J
Address: 4142 SABAL RIDGE CIRCLE
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: FAVARON, PAULO R
Address: RUA DOUTOR MARIO MOURAO 72 SAO PAULO
City-St-Zip: SP BRAZIL 04357-000, XX

Title: D () Delete
Name: FANTINI, MARIA P
Address: 4142 SABAL RIDGE CIR
City-St-Zip: WESTON, FL 33331 XX

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: AMADEU J. FANTINI

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03/13/2008

Electronic Signature of Signing Officer or Director

Date