## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000089998

Title:

Name:

Address:

City-St-Zip:

SEC

RIVERA, CASTO E

MIAMI, FL 33157

18690 SW 93RD AVENUE

( ) Delete

Entity Name: DEPOSIT NETWORK, INC.

FILED Apr 22, 2008 Secretary of State

-		,				
Current Principal Place of Business:				New Principal Place of Business:		
7301 SW 57 COURT SUITE 420 SOUTH MIAMI, FL 33143				10 ARAGON AVE. SUITE 608 CORAL GABLES, FL 33134		
Current Mailing Address:				New Mailing Address:		
7301 SW 57 COURT SUITE 420 SOUTH MIAMI, FL 33143				P.O. BOX 144906 CORAL GABLES, FL 331144906 US		
FEI Number:	34-2066173	FEI Number Applied For ( )	FEI Nur	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LAW OFFICES OF OLGA E. PARRA, P.A. 1930 HARRISON STREET SUITE 309 HOLLYWOOD, FL, FL 33020 US				TOUZET, JOSE M P 10 ARAGON AVE. SUITE 608 CORAL GABLES, FL, FL 33134 US		
The above in the State		submits this statement for the	e purpose o	of changing its registe	red office or registered agent, or both,	
SIGNATURE: JOSE M. TOUZET				04/22/2008		
Electronic Signature of Registered Agent					Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES ( TOUZET, JOSI 10 ARAGON A CORAL GABLE	VENUE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( RIVERA, CAST 18690 SW 93F MIAMI, FL 33 <sup>7</sup>	RD AVENUE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE M. TOUZET P 04/22/2008

() Change () Addition