## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000136545

Entity Name: NETPVSYS INC

FILED Jul 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8890 SW 223 TERRACE 20205 SW 79 CT MIAMI, FL 33190 MIAMI, FL 33189

Current Mailing Address: New Mailing Address:

8890 SW 223 TERRACE 20205 SW 79 CT MIAMI, FL 33190 MIAMI, FL 33189

FEI Number: 51-0623156 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VELAZQUEZ, YARITZA D
8890 SW 223 TERRACE
MIAMI, FL 33190 US

VELAZQUEZ, YARITZA D
20205 SW 79 CT
MIAMI, FL 33189 US

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: 07/31/2009

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 VELAZQUEZ, YARITZA D
 Name:
 VELAZQUEZ, YARITZA D

 Address:
 8890 SW 223 TERRACE
 Address:
 20205 SW 79 CT

City-St-Zip: MIAMI, FL 33190 City-St-Zip: MIAMI, FL 33189

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition
Name: LOPEZ ALBERTO Name: LOPEZ ALBERTO

 Name:
 LOPEZ, ALBERTO
 Name:
 LOPEZ, ALBERTO

 Address:
 8890 SW 223 TERRACE
 Address:
 20205 SW 79 CT

 City-St-Zip:
 MIAMI, FL 33190
 City-St-Zip:
 MIAMI, FL 33189

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: YARITZA VELAZQUEZ P 07/31/2009