

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90250 023 ***158.75

DOCUMENT # P07000076761 1. Entity Name NET-TRONICS.COM CORPORATION																													
Principal Place of Business 1201 NW 32ND STREET MIAMI, FL 33142			Mailing Address PO BOX 420745 MIAMI, FL 33242																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1201 NW 32 ST. Suite, Apt. #, etc. MIAMI, FL City & State Zip 33142 Country USA																											
4. FEI Number 05022008				Chg-P CR2E034 (12/06)																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name RICHARD CHARMAN Street Address (P.O. Box Number is Not Acceptable) 1201 NW 32 ST. City MIAMI FL Zip Code 33142																										
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 RICHARD CHARMAN, DIRECTOR <i>[Signature]</i> 4/30/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE																													
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PSTD CHARMAN, RICHARD 1201 NW 32ND STREET MIAMI, FL 33142 <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CHARMAN, RICHARD 1201 NW 32ND STREET MIAMI, FL 33142 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PRESIDENT GUMBS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1201 NW 32 ST. MIAMI, FL 33142 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR TREASURY RICHARD CHARMAN 1201 NW 32 ST. MIAMI, FL 33142 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY ANGEL B. RICHARDS 1201 NW 32 ST. MIAMI, FL 33142 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GUMBS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1201 NW 32 ST. MIAMI, FL 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR TREASURY RICHARD CHARMAN 1201 NW 32 ST. MIAMI, FL 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY ANGEL B. RICHARDS 1201 NW 32 ST. MIAMI, FL 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> RICHARD CHARMAN 4/30/2008 (305) 636-4400 <small>Signature, typed or printed name of signing officer or director Daytime Phone #</small>																													

ATTACHMENT

40097090
80400007107101

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



PaymentError:

Unable to authorize funds for payment at this time.

Who to contact for further info: **Link2Gov** - 1-877-513-LINK or
Support@link2gov.com

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Attn: Rob.

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P07000076761FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Please Confirm Billing Information**

Transaction Amount: **\$158.75**



Email Address: **deliagumbs@net-tronics.com**
Billing Name: **DELIA F GUMBS**
Billing Address: **1201 NW 32ND STREET**
Billing City: **MIAMI**
Billing State: **FL**
Billing Zip: **33142-**
Billing Phone Number: **3056389531**

Payment Method: **Discover**
Credit Card Number: **6011380034116020**
Credit Card Expiration Date: **04/2011**

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