2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000094122

Entity Name: H & M NETWORK SOLUTIONS CORP

FILED Jun 30, 2<u>00</u>9 Secretary of State

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

11950 NW 39 STREET STE B

CORAL SPRINGS, FL 33065

New Mailing Address: Current Mailing Address:

434 LAKEVIEW DR #205 WESTON, FL 33326 1568 SW 189TH TERRACE PEMBROKE PINES, FL 33029

FEI Number: 26-0763789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

JEWETT, MICHELLE M P 434 LAKÉVIEW DR #205 WESTON, FL 33326 US

JEWETT, MICHELLE M P 1568 SW 189TH TERRACE PEMBROKE PINES, FL 33029 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: MICHELLE JEWETT 06/30/2009

> 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:

Title:

Name:

Address:

City-St-Zip:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete JEWETT, MICHELLE JEWETT, MICHELLE Name: 434 LAKEVIEW DR 1568 SW 189TH TERRACE Address: #205, FL 33326 US City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VΡ Title: (X) Change () Addition () Delete RODRIGUEZ, HECTOR Name: Name: RODRIGUEZ, HECTOR

434 LAKEVIEW DR Address: 1568 SW 189TH TERRACE Address: #205, FL 33326 US PEMBROKE PINES, FL 33029 US City-St-Zip: 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: HECTOR RODRIGUEZ CEO 06/30/2009