


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000022153 1. Entity Name NETWORK MANAGEMENT SOLUTIONS, INC.	
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Principal Place of Business 4560 EAST 11TH AVENUE HIALEAH, FL 33013	Mailing Address 4560 EAST 11TH AVENUE HIALEAH, FL 33013
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DO NOT WRITE IN THIS SPACE



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0412985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARTINEZ, ISABEL G 4560 EAST 11TH AVE. HIALEAH, FL 33013

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000093417 03/22/04-80017-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, GUILLERMO R 4560 EAST 11TH AVE. HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, ISABEL 4560 EAST 11TH AVE. HIALEAH, FL 33013
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Isabel Martinez 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04 (205) 477-0757
Date Daytime Phone #