2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000022153

HIALEAH, FL 33013

City-St-Zip:

Entity Name: NETWORK MANAGEMENT SOLUTIONS, INC.

FILED May 06, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4560 EAS ⁻ HIALEAH,	T 11TH AVEN FL 33013	UE			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
8943 NW ⁻ HIALEAH,					
FEI Number: 65-0412985		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
4560 EASTHIALEAH, The above	named entity	US submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
	e of Florida.				
SIGNATU		nic Signature of Registered Age	ont .	 Date	
Election Car	ce with s. 607.1!	93(2)(b), F.S., the corporation did no gg Trust Fund Contribution ().	t receive the prior notice.	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MARTINEZ, GU 4560 EAST 11 HIALEAH, FL	TH AVE. 33013	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (MARTINEZ, IS 4560 EAST 11		Title: Name: Address:	() Change () Addition	

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: ISABEL MARTINEZ D 05/06/2009