

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90044 039 ***150.00

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1. Entity Name
WOSKOB NETWORK INTERNATIONAL, INC.



Principal Place of Business
**647 OSPREY POINT CIR
BOCA RATON FL 33431
US**

Mailing Address
**337 SE 9TH LANE
BOCA RATON FL 33431**

94028512



MOORE CR2E034 (11/03)

2. Principal Place of Business
337 SE Mizner Lake Estates Drive

3. Mailing Address
Suite, Apt. #, etc.

City & State
BOCA RATON FLA.

City & State
BOCA RATON FLA.

Zip
33432

Country
USA

Zip
33432

Country
USA

4. FEI Number
65-0440349

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WOSKOB, ALEX
647 OSPREY POINT CIR
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent
Name
WOSKOB ALEX
Street Address (P.O. Box Number is Not Acceptable)
337 S.E. Mizner Lake Estates Drive
City
BOCA RATON FL Zip Code
33432

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 **X Alex Woskob** DATE **3/11/04**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOSKOB, ALEX 647 OSPREY POINT CIR BOCA RATON FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WOSKOB ALEX 337 S.E. Mizner Lake Estates Drive BOCA RATON FLA. 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Alex Woskob

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #