## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P94000085906 1. Entity Name NETEXPERTS, INC. Principal Place of Business Mailing Address 2101 NW 2ND AVE 2101 NW 2ND AVE #5 BOCA RATON, FL 33431 BOCA RATON, FL 33431 US

**FILED** Apr 05, 2007 08:00 All Secretary of State



## DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 65-0539002 Not Applicable \$8.75 Additional

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, HOWARD 2101 NW 2ND AVENUE SUITE 5 BOCA RATON, FL 33431

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bol	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	Applicable (NOTE: Registere	d Agent signature	required when reinstating)	DATE
	Signature (1)	approace (17012179gran	a rigorii arginatori	,	
### FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECT  TITLE P  NAME GREENBERG, HOWARD		<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENBERG, HOWARD 2101 NW 2ND AVENUE, SUITE 5 BOCA RATON, FL 33431				•
NAME STREET ADDRESS CITY-ST-ZIP					U00000690241 04/11/07-80069-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i i	<b>DO</b>	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS				*	

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. If 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 eath; 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 oth

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF