## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED

Feb 19, 2004 8:00 an Secretary of State
02-19-2004 90016 017 ***150.00

DOCUMENT # P95000036653 1. Entity Name VARNET INTERNATIONAL, INC. Principal Place of Business Mailing Address 54008534 **4201 PALM AVENUE 4201 PALM AVENUE** SUITE A SUITE A HIALEAH, FL 33012 US HIALEAH, FL 33012 US Principal Place of Business 3. Mailing Address よばい ひ 140 Suite, Apt. #, etc. Suite, Apt. #, etc 02022004 CR2E034 (10/03) Applied For City & State 4. FEI Number 65-0628085 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name

MOY CA VI VI CM

Street Address (P.O. Box Number is Not Acceptable) MOYA, VIVIAN 4201 PALM AVENUE HIALEAH, FL 33012 Halean 8. The above amed 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 wit the obligation SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D ☐ Delete TITLE NAME MOYA, VIVIAN NAME 2145 W. 68 Street #201 STREET ADDRESS 4201 PALM AVENUE SUITE A STREET ADDRESS CITY-ST-7IP HIALEAH, FL CITY-ST-ZIP TITI F TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ΠΠF ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE \_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 receivement rustee engowered 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 attackment with an address with all other like empowered.

SIGNATURE:

G OFFICER ON DIRECTOR