

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90003 021 ***158.75

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| DOCUMENT # P95000045438 | | | | | |
| 1. Entity Name WAGNET MARKETING, INC. | | | | | |
| Principal Place of Business 1746 NE MIAMI GARDENS DR #319 NORTH MIAMI BEACH, FL 33179 | | | Mailing Address 1746 NE MIAMI GARDENS DR #319 NORTH MIAMI BEACH, FL 33179 | | |
| 2. Principal Place of Business - No P.O. Box # 1814 NE Miami Gardens Dr | | 3. Mailing Address 1814 NE Miami Gardens Dr | | | |
| Suite, Apt. #, etc. # 1200 | | Suite, Apt. #, etc. # 1200 | | | |
| City & State North Miami Beach, FL | | City & State North Miami Beach, FL | | | |
| Zip 33179 | | Country US | | Zip 33179 | |
| Country US | | 4. FEI Number 65-0590101 | | | |
| 5. Certificate of Status Desired | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MERRILL, KEITH J 1320 SOUTH DIXIE HIGHWAY, #275 CORAL GABLES, FL 33146 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PSTD WAGNER, NATALIE 1746 NE MIAMI GARDENS DR STE 319 NORTH MIAMI BEACH, FL 33179 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | # Change <input type="checkbox"/> Addition 1814 NE Miami Gardens Dr, #1200 North Miami Beach, FL 33179 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V STANFIELD, JOY 1746 NE MIAMI GARDENS DR STE 319 NORTH MIAMI BEACH, FL 33179 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | # Change <input type="checkbox"/> Addition 1814 NE Miami Gardens Dr #1200 North Miami Beach, FL 33179 | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <i>Joy Stanfield</i> Joy Stanfield | | | 430-07 305-935-0002 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |