

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-12-2004 90024 001 ***158.75

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1. Entity Name
ATNETS, INC.

Principal Place of Business

1187 NW 165TH AVE.
PEMBROKE PINES, FL 33028 US

Mailing Address

1187 NW 165TH AVE.
PEMBROKE PINES, FL 33028 US

54061600



2. Principal Place of Business

12535 ORANGE DR.

3. Mailing Address

12535 ORANGE DR.

Suite, Apt. #, etc.

606

Suite, Apt. #, etc.

606

07072004

Chg-P

CR2E034 (10/03)

City & State

DAVIE, FL.

City & State

DAVIE, FL.

4. FEI Number

65-0716392

Applied For

Not Applicable

Zip

33330

Country

USA

Zip

33330

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTANO, EUGENIO
1187 NW 165TH AVE.
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name **MONTANO, EUGENIO**

Street Address (P.O. Box Number is Not Acceptable)

12535 ORANGE DR. #606

City **DAVIE**

FL

Zip Code **33330**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

07/07/04

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **MONTANO, EUGENIO**
STREET ADDRESS **1187 NW 165TH AVE.**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **VTD** ☐ Delete
NAME **MONTANO, FLOR DEL ROCIO**
STREET ADDRESS **1187 NW 165TH AVE.**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
NAME **MONTANO, EUGENIO**
STREET ADDRESS **12535 ORANGE DR. #606**
CITY-ST-ZIP **DAVIE, FL 33330**

TITLE **VTD** ☒ Change ☐ Addition
NAME **MONTANO, FLOR DEL ROCIO**
STREET ADDRESS **12535 ORANGE DR. #606**
CITY-ST-ZIP **DAVIE, FL 33330**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/07/04