

03-26-2003 90150 047 ***150.00

1. Entity Name
TRANSNET TECHNOLOGIES, INC.

[illegible]☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 550 FAIRWAY DRIVE Suite, Apt. #, etc. SUITE # 106 City & State DEERFIELD BEACH, FL Zip 33441		3. Mailing Address 550 FAIRWAY DRIVE. Suite, Apt. #, etc. SUITE # 106 City & State DEERFIELD BEACH, FL Zip 33441		4. FEI Number 65-0890765 Applied For ☐ Not Applicable ☒ 5. Certificate of Status Desired - ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, GUILLEZMO 500 FAIRWAY DRIVE STE 203 DEERFIELD BEACH, FL 33441				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 <u><i>Guillermo Gonzalez</i></u> GUILLEMO GONZALEZ 02/24/03. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting.)					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	CD	☐ Delete	TITLE	CD	☒ Change ☐ Addition
NAME	PEREZ, LEONOR		NAME	PEREZ LEONOR	
STREET ADDRESS	500 FAIRWAY DRIVE STE 203		STREET ADDRESS	550 FAIRWAY DRIVE # 106	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	DEERFIELD BEACH, FL 33441.	
TITLE	D.	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	GONZALEZ, GUILLEMO		NAME	GONZALEZ, GUILLEMO	
STREET ADDRESS	500 FAIRWAY DRIVE STE 203		STREET ADDRESS	550 FAIRWAY DRIVE # 106	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	DEERFIELD BEACH, FL 33441.	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Leonora Perez</i></u> 02/24/03. 305-607-7968 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 02/24/03. Company Phone #		