



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90037 004 ***150.00

DOCUMENT # P97000100807 1. Entity Name DASNET SYSTEMS, INC.					
Principal Place of Business 10250 NW 47 ST SUNRISE, FL 33351 US				Mailing Address 10250 NW 47 ST SUNRISE, FL 33351 US	
2. Principal Place of Business - No P.O. Box # 1365 Via De Pepi Suite, Apt. #, etc. Suite - A		3. Mailing Address 1365 Via De Pepi Suite, Apt. #, etc. Suite - A		40019212 	
City & State Boynton Bch, FL Zip 33426		City & State Boynton Bch, FL Zip 33426		4. FEI Number 65-0800169	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLIS, DANIEL A 10250 NW 47 STREET SUNRISE, FL 33357				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1365 Via De Pepi Suite - A City Boynton Bch FL Zip Code 33426	
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	PSD SOLIS, DANIEL A 10250 NW 47 STREET SUNRISE, FL 33351 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1365 Via De Pepi - Suite-A Boynton Bch, FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SOLIS, RITA V 10250 NW 47 STREET SUNRISE, FL 33351 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1365 Via De Pepi - Suite-A Boynton Bch, FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOZ, MARGARITA 10250 NW 47 STREET SUNRISE, FL 33351 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1365 Via De Pepi - Suite-A Boynton Bch, FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLIS, PABLO 10250 NW 47 STREET SUNRISE, FL 33351 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1365 Via De Pepi - Suite-A Boynton Bch, FL 33426	
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 another like empowered.					
SIGNATURE: <u><i>Daniel Solis</i></u> <u>2/13/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small>					