

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90388 036 \*\*\*158.75

**DOCUMENT # P98000015727**

1. Entity Name  
**MAILNET COMMUNICATIONS, INC.**



Principal Place of Business  
**7810 COQUINA DR  
MIAMI BEACH, FL 33141**

Mailing Address  
**7810 COQUINA DR  
MIAMI BEACH, FL 33141**

**94077515**



2. Principal Place of Business

3. Mailing Address

04252004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0811995**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRANCA, FERNANDO J  
30 BISCAYNE BLVD  
SUITE 4  
MIAMI, FL 33132**

7. Name and Address of New Registered Agent

Name **BRANCA FERNANDO J.**

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

**1602 - A - WASHINGTON AVE**

City **MIAMI BEACH, FL** Zip Code **33139**

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 re-stating)

DATE

**4-25-04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **BRANCA, FERNANDO**  
STREET ADDRESS **7810 COQUINA DR.**  
CITY- ST- ZIP **MIAMI, FL 33141**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **BRANCA FERNANDO J.**  
STREET ADDRESS **1512 WASHINGTON AVE APT 16**  
CITY- ST- ZIP **MIAMI BEACH FL 33139**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **BRANCA FERNANDO J.**  
STREET ADDRESS **1512 WASHINGTON AVE APT 16**  
CITY- ST- ZIP **MIAMI BEACH FL 33139**

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 #

**4-25-04 786-663-3180**