

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000032579

1. Entity Name
NET OPTIONS, INC.



Principal Place of Business
7353 SW 26TH
FORT LAUDERDALE, FL 33314 US

Mailing Address
3389 SHERIDAN ST
#291
HOLLYWOOD, FL 33021



03122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0830032	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, ROBERT G
7353 SW 26TH CT
DAVIE, FL 33314

DO NOT WRITE
IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000915719
05/03/08-80027-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HALL, ROBERT G
STREET ADDRESS	7353 SW 26TH CT
CITY-ST-ZIP	DAVIE, FL 33314

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE

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: Robert G. Hall Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08 954-270-1792
Date Daytime Phone #