

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000047264

1. Entity Name  
US NETT COMMUNICATIONS, INC.



FILED

04 OCT -6 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
905 BRICKELL BAY DR  
APT 930  
MIAMI, FL 33131

Mailing Address  
905 BRICKELL BAY DR  
APT 930  
MIAMI, FL 33131

*Handwritten initials*



10012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0868950	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARTIN, FRANCISCO J  
905 BRICKELL BAY DR  
APT 930  
MIAMI, FL 33131

**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 *[Handwritten Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

10/01/04  
DATE

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SFEIR, KATHERINE
STREET ADDRESS	905 BRICKELL BAY DR, APT #930
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	P
NAME	MARTIN, FRANCISCO J
STREET ADDRESS	905 BRICKELL BAY DR, APT #930
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300041605913  
10/05/04--01039--012 \*\*550.00

**DO NOT WRITE IN THIS SPACE**

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

10/01/04 305 371.3531  
Date Daytime Phone #