


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90245 009 ***150.00

DOCUMENT # P98000049746 1. Entity Name NETCOM COMPUTER SERVICES, INC.																													
Principal Place of Business 4214 W 16 AVE HIALEAH, FL 33012			Mailing Address 4214 W 16 AVE HIALEAH, FL 33012																										
2. Principal Place of Business 447 W. 69 Pl.		3. Mailing Address 447 W. 69 Pl																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State HIALEAH, FL.		City & State HIALEAH, FL.		4. FEI Number 65-0841840																									
Zip 33014		Country 		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 BORBOLLA, DAGOBERTO 4214 W 16TH AVE HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name BORBOLLA, DAGOBERTO Street Address (P.O. Box Number is Not Acceptable) 447 W. 69 Pl City HIALEAH FL Zip Code 33014																										
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>Dagoberto Borbolla</i></u> DATE <u>4-18-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BORBOLLA, DAGOBERTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4214 W 16TH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH, FL 33012</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	BORBOLLA, DAGOBERTO		STREET ADDRESS	4214 W 16TH AVE		CITY-ST-ZIP	HIALEAH, FL 33012		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BORBOLLA, DAGOBERTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>447 W. 69 Pl.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH, FL 33014</td> <td></td> </tr> </table>			TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	BORBOLLA, DAGOBERTO		STREET ADDRESS	447 W. 69 Pl.		CITY-ST-ZIP	HIALEAH, FL 33014	
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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: <u><i>Dagoberto Borbolla</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-18-06</u> Daytime Phone # <u>305-525-7167</u>																										

AGENT
 MAY 04 2006

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04182006 Chg-P CR2E034 (11/05)