


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90127 021 ***150.00

DOCUMENT # P98000063000			
1. Entity Name NETWORK CAPITAL GROUP, INC.			
Principal Place of Business 1525 N PARK DR SUITE 101 WESTON, FL 33326 US		Mailing Address 1525 N PARK DR SUITE 101 WESTON, FL 33326 US	
2. Principal Place of Business 2500 WESTON ROAD		3. Mailing Address 2500 WESTON ROAD	
Suite, Apt. #, etc. 103		Suite, Apt. #, etc. 103	
City & State WESTON, FL		City & State WESTON, FL	
Zip 33331	Country USA	Zip 33331	Country USA
6. Name and Address of Current Registered Agent BRICENO, DOUGLAS 1525 N PARK DR STE 101 WESTON, FL 33326		7. Name and Address of New Registered Agent Name BRICENO, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 2500 WESTON ROAD, STE 103 City WESTON FL Zip Code 33331	
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, 2004 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 BRICENO, DOUGLAS 1525 N PARK DR SUITE 101 WESTON, FL 33326 <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	VPD BUCCO, VALENTINO 1525 N PARK DR WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BUCCO, VALENTINA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JORGE, REMMY 1525 N PARK DR WESTON, FL 33326 <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
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

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01282004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0853183 Applied For
Not Applicable

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

SIGNATURE:  **VALENTINA BUCCO** 1/28/04 (954)385-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #