

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000025837

1. Entity Name
DSL INTERNET CORPORATION



Principal Place of Business

5000 SW 75TH AVE
3RD FLOOR
MIAMI, FL 33155 US

Mailing Address

5000 SW 75TH AVE
3RD FLOOR
MIAMI, FL 33155 US



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0925456

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARK, HARRIS
5000 SW 75TH AVE
3RD FLOOR
MIAMI, FL 33155

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SCFO
NAME	HARRIS, MARK
STREET ADDRESS	1408 BRICKELL BAY DR., APT. 1410
CITY-STATE-ZIP	MIAMI, FL 331313400
TITLE	D
NAME	KLEINKNECHT, KEIR
STREET ADDRESS	242 EAST 48 ST
CITY-STATE-ZIP	NEW YORK, NY 10014
TITLE	P
NAME	PEREZ-SANCHEZ, RUBEN
STREET ADDRESS	5943 SW 135 TERR
CITY-STATE-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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05/02/06-60128-024 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-06

305 779 5707