

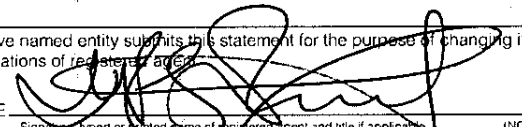
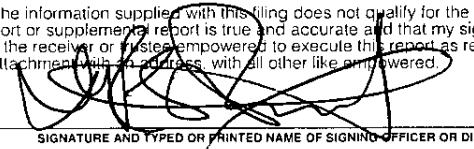


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 03, 2004 8:00 am**  
**Secretary of State**

09-03-2004 90001 037 \*\*\*150.00

<b>DOCUMENT # P99000032733</b> 1. Entity Name <b>NET ECCENTRIC, INC.</b>					
Principal Place of Business <b>26440 SW 122 AVE HOMESTEAD, FL 33032</b>			Mailing Address <b>PO BOX 924401 PRINCETON, FL 33092</b>		
2. Principal Place of Business <b>3300 NE 191 ST</b> Suite, Apt. #, etc. <b>PH 13</b>		3. Mailing Address <b>3300 NE 191 ST</b> Suite, Apt. #, etc. <b>PH 13</b>		 07162004    Chg-P    CR2E034 (10/03)	
City & State <b>AVENTURA FL</b>		City & State <b>AVENTURA FL</b>			
Zip <b>33180</b>		Zip <b>33180</b>			
Country <b>DADE</b>		Country <b>DADE</b>		4. FEI Number <b>65-0909453</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>RAMKISSOON, KATHLEEN I 15370 SW 284TH ST #135 HOMESTEAD, FL 33033</b>				7. Name and Address of New Registered Agent Name <b>IVANOV K. PERSAD</b> Street Address (P.O. Box Number is Not Acceptable) <b>3300 NE 191 ST, PH 13</b> City <b>AVENTURA FL</b> Zip Code <b>33180</b>	
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 <b>7/22/04</b>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PSTD</b> <input checked="" type="checkbox"/> Delete NAME <b>RAMKISSOON, KATHLEEN I</b> STREET ADDRESS <b>26440 SW 122 AVE</b> CITY-ST-ZIP <b>HOMESTEAD, FL 33032</b>				TITLE <b>PSTD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>IVANOV K. PERSAD</b> STREET ADDRESS <b>3300 NE 191 ST, PH 13</b> CITY-ST-ZIP <b>AVENTURA, FL 33180</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: 				<b>7/22/04</b> 305.247.1318 Date    Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>IVANOV K. PERSAD</b>					