

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P99G00032897 1. Entity Name S2 NET, INC.	
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Principal Place of Business 1816 SW 181ST WAY PEMBROKE PINES, FL 33029	Mailing Address 1816 SW 181ST WAY PEMBROKE PINES, FL 33029
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DO NOT WRITE IN THIS SPACE

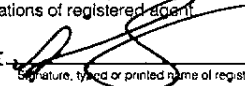


07132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0907917	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOSIAH, SEAN 4500 N. HIATUS ROAD, #204 SUNRISE, FL 33351

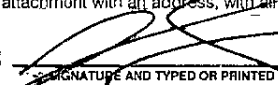
**DO NOT WRITE
IN THIS SPACE**

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:  <u>Shayne Etienne</u> <u>9/7/04</u> (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	1100000172212 09/13/04-80004-015 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOSIAH, SEAN 4500 N. HIATUS ROAD, #204 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ETTienne, SHAYNE 4500 N. HIATUS ROAD, #204 SUNRISE, FL 33351
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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:  <u>Shayne Etienne</u> <u>9/10/04</u> <u>984-747-8711</u> (Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)