

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90040 036 ***150.00

DOCUMENT # P99000092767

1. Entity Name
NET-ROAMER.COM INC.



Principal Place of Business Mailing Address
13499 BISCAYNE BLVD., SUITE 1410 13499 BISCAYNE BLVD., SUITE 1410
N. MIAMI, FL 33181 N. MIAMI, FL 33181



01042008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State City & State

4. FEI Number
65-1100104

Applied For
Not Applicable

Country Zip Country

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

6. Name and Address of Current Registered Agent

FIORÉ, FRANK A. N
13499 BISCAYNE BLVD., SUITE 1410
N. MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | <input type="checkbox"/> Delete |
|----------------|----------------------------------|---------------------------------|
| NAME | D FIORÉ, FRANK A | |
| STREET ADDRESS | 13499 BISCAYNE BLVD., SUITE 1410 | |
| CITY-STATE-ZIP | N. MIAMI, FL 33181 | |
| NAME | D FIORÉ, RICARDO | |
| STREET ADDRESS | 100 GOLDEN ISLES DR | |
| CITY-STATE-ZIP | HALLANDALE, FL 33009x | |
| NAME | D FIORÉ-ROCHA, CLAUDIA P | |
| STREET ADDRESS | 13499 BISCAYNE BLVD. -#1612 | |
| CITY-STATE-ZIP | MIAMI, FL 33181 | |
| NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|---------------------------------|-----------------------------------|
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

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: FRANK A. FIORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 APR 2008

Date

305 944 9333

Telephone Number