

**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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Country Country

01042008 Chg-P CR2E034 (12/06)  
 4. FEI Number **65-1100104** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required



**6. Name and Address of Current Registered Agent**  
 FIORE, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	D FIORE, FRANK A <input type="checkbox"/> Delete 13499 BISCAYNE BLVD., SUITE 1410 N. MIAMI, FL 33181	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
NAME	D FIORE, RICARDO <input type="checkbox"/> Delete 100 GOLDEN ISLES DR HALLANDALE, FL 33009x	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
NAME	D FIORE-ROCHA, CLAUDIA P <input type="checkbox"/> Delete 13499 BISCAYNE BLVD. -#1612 MIAMI, FL 33181	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY - ST - ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY - ST - 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 16 APR 2008 305 944 9333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Diverse Phone #