

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000092767

Entity Name: NET-ROAMER.COM INC.

FILED  
Apr 14, 2009  
Secretary of State

## Current Principal Place of Business:

13499 BISCAYNE BLVD., SUITE 1410  
N. MIAMI, FL 33181

## New Principal Place of Business:

1540 NE 35TH AVE.  
HOMESTEAD, FL 33033

## Current Mailing Address:

13499 BISCAYNE BLVD., SUITE 1410  
N. MIAMI, FL 33181

## New Mailing Address:

1540 NE 35TH AVE.  
HOMESTEAD, FL 33033

FEI Number: 65-1100104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

FIORE, FRANK A. N  
1540 NE 35TH AVE.  
HOMESTEAD, FL 33033 US

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.

SIGNATURE:

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FIORE, FRANK A  
Address: 13499 BISCAYNE BLVD., SUITE 1410  
City-St-Zip: N. MIAMI, FL 33181

Title: D ( ) Delete  
Name: FIORE, RICARDO  
Address: 100 GOLDEN ISLES DR  
City-St-Zip: HALLANDALE, FL 33009X

Title: D ( ) Delete  
Name: FIORE-ROCHA, CLAUDIA P  
Address: 13499 BISCAYNE BLVD. -#1612  
City-St-Zip: MIAMI, FL 33181

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FIORE, FRANK A  
Address: 1540 NE 35TH AVE.  
City-St-Zip: HOMESTEAD, FL 33033

Title: D (X) Change ( ) Addition  
Name: FIORE, RICARDO  
Address: 13499 BISCAYNE BLVD. 1410  
City-St-Zip: N. MIAMI, FL 33181

Title: D (X) Change ( ) Addition  
Name: FIORE, CLAUDIA P  
Address: 1540 NE 35TH AVE.  
City-St-Zip: HOMESTEAD, FL 33033

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK A. FIORE

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date