


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90010 036 ***150.00

DOCUMENT # P99000103803

1. Entity Name
NETAVENUES.COM CORPORATION



Principal Place of Business Mailing Address
1221 BRICKELL AVE #902 **1221 BRICKELL AVE #902**
MIAMI, FL 33131 **MIAMI, FL 33131**

2. Principal Place of Business 3. Mailing Address

201 S. BISCAYNE BLVD., # 2831 **201 S. BISCAYNE BLVD., # 2831**
MIAMI, FL 33131 **MIAMI, FL 33131**
City & State



02232006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0972894 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TEW, JEFFREY C/O TEW CARDENAS REBAK 1441 BRICKELL AVENUE 15TH FLOOR, MIAMI, FL 33131	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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Addition
NAME	TAMBURELLO, REGINA	NAME	Tamburello, Regina
STREET ADDRESS	1221 BRICKELL AVE #902	STREET ADDRESS	201 S. Biscayne Blvd. Suite 2831
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Miami, FL 33131
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Addition
NAME	TAMBURELLO, CHUCK	NAME	Tamburello, Charles
STREET ADDRESS	1221 BRICKELL AVE #902	STREET ADDRESS	201 S. Biscayne Blvd. Suite 2831
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Charles Tamburello* **Charles Tamburello 2/23/06 (954) 445-3379**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #