


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90088 033 ***150.00

DOCUMENT # F00000004646 1. Entity Name GBNET CORPORATION					
Principal Place of Business 848 BRICKELL AVE SUITE 1205 MIAMI, FL 33131			Mailing Address 2285 COLUMBIA WESTON, FL 33326		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04122006 Chg-P CR2E034 (11/05)	
4. FEI Number 87-0645084				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARLOW, GARY 950 SOUTH PINE ISLAND RD. STE. 150 PLANTATION, FL 33324			Name Lynette Leon Street Address (P.O. Box Number is Not Acceptable) 2285 Columbia City WESTON FL Zip Code 33326		
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><i>Lynette Leon</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/12/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEDINA, LUIS A 848 BRICKELL AVE MIAMI, FL 33131	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARLOW, GARY 848 BRICKELL AVE MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TREASURER IAN B. GERRARD 848 BRICKELL AVE, STE. 1205 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB REYNOLDS, BRIAN 848 BRICKELL AVE MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		COB GEORGE M. KAPAZZ 848 BRICKELL AVE, STE 1205 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MARCHENA, JORGE 848 BRICKELL AVE MIAMI, FL 33131	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Jorge Marchena</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/12/06</u>		Daytime Phone # <u>954-336-7166</u>