

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000025519

**Entity Name:** S2F NETWORK INC.

**Current Principal Place of Business:**

C/O BEST MARINE SOLUTIONS, LLC  
1330 2ND STREET SOUTH  
ST.PETERSBURG, FL 33701

**Current Mailing Address:**

C/O BEST MARINE SOLUTIONS, LLC  
1330 2ND STREET SOUTH  
ST.PETERSBURG, FL 33701 US

**FEI Number:** 81-2084006

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRE  
Name DE BAZELAIRE, STEPHANIE MS.  
Address 49 RUE LESTOREY DE BOULOGNE  
City-State-Zip: LE HAVRE FR 76620

Title PRE  
Name DE BAZELAIRE, STEPHANIE MS.  
Address 49 RUE LESTOREY DE BOULOGNE  
City-State-Zip: LE HAVRE FR 76620

Title SEC  
Name ZIEGLER, TOBIAS F ESQ.  
Address BRESSLER, AMERY & ROSS, P.C.  
17 STATE STREET 24TH FLOOR  
City-State-Zip: NEW YORK NY 10004

I hereby 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 all other like empowered.

**SIGNATURE:** TOBIAS F. ZIEGLER

**SECRETARY**

**05/01/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date