

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90244 006 ***150.00

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| DOCUMENT # P02000097919 1. Entity Name SOFTWARE AND SYSTEM ENGINEERING SOLUTIONS, INC. | | | |
| Principal Place of Business 816 E VINE ST KISSIMMEE, FL 34744 | | Mailing Address 816 E VINE ST KISSIMMEE, FL 34744 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 4417 13th St | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. PMB 516 | |
| City & State | | City & State St. Cloud, Florida | |
| Zip | Country | Zip 34769 | Country USA |
| 6. Name and Address of Current Registered Agent REBOLLEDO, ALFREDO 4230 CLIMBING ASTER CT ST CLOUD, FL 34772 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | SD REBOLLEDO, ALFREDO 4230 CLIMBING ASTER CT ST CLOUD, FL 34772 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Alfredo Rebollo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | SECRETARY Date: 4/29/08 Daytime Phone #: 407-452-8302 | |