


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000077576
1. Entity Name
FLORIDA INTEGRATED SYSTEMS, INC.



Principal Place of Business Mailing Address
14600 BISCAYNE BLVD. **14600 BISCAYNE BLVD.**
N. MIAMI BEACH, FL 33181 **N. MIAMI BEACH, FL 33181**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0532972 Not Applicable

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

6. Name and Address of Current Registered Agent
ALEXANDER, ORLY
14600 BISCAYNE BLVD.
N. MIAMI BEACH, FL 33181

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

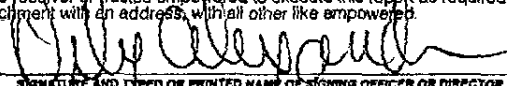
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04/17/06-80010-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALEXANDER, SHLOMI
STREET ADDRESS	14600 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	TD
NAME	NEUMAN, GIL
STREET ADDRESS	14600 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	S
NAME	ALEXANDER, ORLY
STREET ADDRESS	14600 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **3/30/06** **305-919-9400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #