
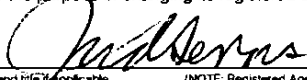
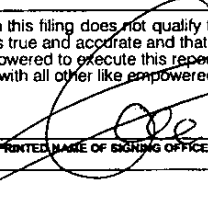


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90016 048 ***150.00

DOCUMENT # P94000077576					
1. Entity Name FLORIDA INTEGRATED SYSTEMS, INC.					
Principal Place of Business 14600 BISCAYNE BLVD. N. MIAMI BEACH, FL 33181		Mailing Address 14600 BISCAYNE BLVD. N. MIAMI BEACH, FL 33181			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0532972	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALEXANDER, ORLY 14600 BISCAYNE BLVD. N. MIAMI BEACH, FL 33181			7. Name and Address of New Registered Agent Name: DAVID R. SERNS, ESQ. Street Address (P.O. Box Number is Not Acceptable): 17101 NE 19th Avenue Suite 205 City: North Miami Beach FL Zip Code: 33162		
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: David R. Serms				DATE: 3/3/08	
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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEXANDER, SHLOMI		NAME		
STREET ADDRESS	14600 BISCAYNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33181		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEUMAN, GIL		NAME		
STREET ADDRESS	14600 BISCAYNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33181		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEXANDER, ORLY		NAME		
STREET ADDRESS	14600 BISCAYNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33181		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		
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: GIL NEUMAN				DATE: 3/5/08 (305) 919-9400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	