

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # S12439	
1. Entity Name SYSTEMONE TECHNOLOGIES INC.	
	
Principal Place of Business	Mailing Address
8305 NW 27TH STREET SUITE 107 MIAMI, FL 33122 US	8305 NW 27TH STREET SUITE 107 MIAMI, FL 33122 US



07122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0226813	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

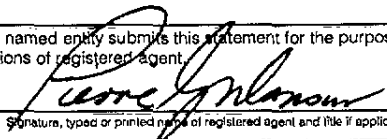
6. Name and Address of Current Registered Agent

**MANSUR, PIERRE G.
8305 NW 27TH STREET
SUITE 107
MIAMI, FL 33122**

**DO NOT WRITE
IN THIS SPACE**

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



Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/8/5

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPC
NAME	MANSUR, PIERRE G
STREET ADDRESS	8305 NW 27TH STREET #107
CITY-ST-ZIP	MIAMI, FL 33122

TITLE	DCEO
NAME	MANSUR, PAUL I
STREET ADDRESS	8305 NW 27TH STREET #107
CITY-ST-ZIP	MIAMI, FL 33122

TITLE	D
NAME	BIDDELMAN, PAUL A
STREET ADDRESS	8305 NW 27TH STREET #107
CITY-ST-ZIP	MIAMI, FL 33122

TITLE	D
NAME	LEUNG, KENNETH C
STREET ADDRESS	8305 NW 27TH STREET #107
CITY-ST-ZIP	MIAMI, FL 33122

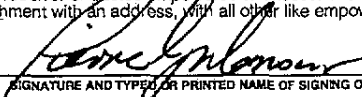
TITLE	D
NAME	POLING, JOHN W
STREET ADDRESS	8305 NW 27TH STREET #107
CITY-ST-ZIP	MIAMI, FL 33122

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/5

DATE

(305) 593-8015

DAYTIME PHONE #