2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90047 046 ***150.00

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02032004 Chg-P CR2E034 (10/03)

DOCUMENT # V64313

1. Entity Name
SYSTEM ONE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
5041 WESLEY AVENUE B TAMPA, FL 33647 US	5041 WESLEY AVENUE B TAMPA, FL 33647 US

2. Principal Place of Business	3. Mailing Address
7509 Yardly Way	7509 Yardly Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33647 Country: USA	Zip: 33647 Country: USA

4. FEI Number 59-3148680 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROMAN, CARLOS III
~~5041 WESLEY AVENUE~~ 7509 Yardly Way
TAMPA, FL 33647

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: ROMAN, CARLOS III STREET ADDRESS: 5041 WESLEY AVENUE CITY-ST-ZIP: TAMPA, FL	☐ Delete	TITLE NAME STREET ADDRESS: 7509 Yardly Way CITY-ST-ZIP	☒ Change ☐ Addition
TITLE: D NAME: ROMAN, IVONNE STREET ADDRESS: 5041 WESLEY AVENUE CITY-ST-ZIP: TAMPA, FL	☐ Delete	TITLE NAME STREET ADDRESS: 7509 Yardly Way CITY-ST-ZIP	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______ 2/4/04 813-972-5539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #