

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90003 027 ***150.00

DOCUMENT # K61659 1. Entity Name THE SYSTEMA GROUP INC.			
Principal Place of Business 4107 UNIVERSITY DR CORAL GABLES, FL 33146		Mailing Address 4107 UNIVERSITY DR SUITE 300 CORAL GABLES, FL 33146	
2. Principal Place of Business 1139 CAMPO SAND AVE Suite, Apt. #, etc.		3. Mailing Address 1139 CAMPO SAND AVE Suite, Apt. #, etc.	
City & State CORAL GABLES FL Zip 33146 Country		City & State CORAL GABLES FL Zip 33146 Country	
4. FEI Number 65-0101186		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAO, RAUL E., DR. 4107 UNIVERSITY DR CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name Dr. RAUL E. CHAO Street Address (P.O. Box Number is Not Acceptable) 1139 CAMPO SAND AVE City CORAL GABLES FL Zip Code 33146	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 8/30/04 <small>(NOTE: Registered Agent signature required when reinstating.)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <small>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</small>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAO, RAUL, PH.D. 1139 CAMPO SAND AVE CORAL GABLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ← see
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHAO, OLGA N. 1139 CAMPO SAND AVE CORAL GABLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ← see
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
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
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
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 8/30/04 DAYTIME PHONE # 305 663 0339	

54072024



09012004 Chg-P CR2E034 (10/03)