

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000011381		
1. Entity Name PRISM ELECTRONIC SYSTEMS, INC.		

Principal Place of Business 5430 SW 40TH STREET DAVIE, FL 33314	Mailing Address 5430 SW 40TH STREET DAVIE, FL 33314
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04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0655223	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent DIAZ, FLAVIO 5430 SW 40TH STREET DAVIE, FL 33314

**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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

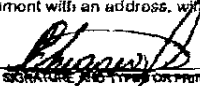
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECHEGAREY, JOSE L 5430 SW 40TH STREET DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOZZOG, WILFREDO J 5430 SW 40 ST DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVA, JOAQUID 5430 SW 40TH STREET DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUGGIERO, PASCUAL 5430 SW 40TH STREET DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/06-80030-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #