2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09301

FILED Apr 07, 2004 Secretary of State

Entity Name: SYSTEMS DIMENSIONS INC							,	
Entity Name: SYSTEMS DIMENSIONS, INC.								
Current Principal Place of Business:				New P	New Principal Place of Business:			
11926 S.W MIAMI, FL		ACE JS						
Current Mailing Address:				New Mailing Address:				
11926 S.W. 73 TERRACE MIAMI, FL 33183 US								
FEI Number:	59-2051144	FI	El Number Applied For()	FEI Number Not	Applicat	ole ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
CALVO, JORGE E. 11926 S.W. 73 TERRACE MIAMI, FL 33183 US								
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.								
SIGNATURE:								
	Elec	tronic S	ignature of Registered Age	nt			Date	
Election Can	npaign Finan	cing Tru	st Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CCEO CALVO, JO 11926 S.W MIAMI, FL	. 73 TER		Title: Name: Address City-St-2		() Change ()Addition	
Title: Name: Address: City-St-Zip:	PD CALVO, KA 11926 S.W MIAMI, FL	. 73 TER		Title: Name: Address City-St-Z		() Change ()Addition	
Title: Name: Address: City-St-Zip:	STD SANCHEZ, 11926 S.W MIAMI, FL	. 73 TER	;	Title: Name: Address City-St-2		() Change ()Addition	
Title: Name: Address: City-St-Zip:	VP AUN, LISA (11926 SW MIAMI, FL	73RD TE		Title: Name: Address City-St-Z		() Change ()Addition	
Title:	VP	() Dele	ete	Title:	VF	> (X	() Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

CALVO, JENNIFER L

MIAMI, FL 33183

11926 SW 73RD TERR

SIGNATURE: JORGE E. CALVO CCEO 04/07/2004

CALVO, JENNIFER L

MIAMI, FL 33183

11926 SW 73RD TERR

Name:

Address:

City-St-Zip: