

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F82746

FILED
Apr 21, 2009
Secretary of State

Entity Name: FLORIDA PROFESSIONAL BUSINESS SYSTEMS INC.

Current Principal Place of Business:

1240 S. FEDERAL HWY
#101
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

1240 S. FEDERAL HWY
#101
BOYNTON BEACH, FL 33435 US

New Mailing Address:

FEI Number: 59-2210289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAMEL, MAKRAM E
10273 SAINT ANDREWS ROAD
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KAMEL, MAKRAM E
Address: 10273 SAINT ANDREWS ROAD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP () Delete
Name: KAMEL, SAMIA
Address: 10273 SAINT ANDREWS ROAD
City-St-Zip: BOYNTON BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KAMEL, SAMIA
Address: 10273 SAINT ANDREWS ROAD
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MAKRAM E KAMEL

P

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date