

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F85409

FILED
Mar 30, 2009
Secretary of State

Entity Name: CONTEMPORARY COMPUTER SYSTEMS, INC.

Current Principal Place of Business:

% NORMAN BLACK
5001 S UNIVERSITY DR., #G
DAVIE, FL 33328

New Principal Place of Business:

NORMAN BLACK
1977 NW 130 AVENUE
PEMBROKE PINES, FL 33028

Current Mailing Address:

% NORMAN BLACK
5001 S UNIVERSITY DR., #G
DAVIE, FL 33328

New Mailing Address:

NORMAN BLACK
1977 NW 130 AVENUE
PEMBROKE PINES, FL 33028

FEI Number: 59-2203753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, NORMAN
5001 S UNIVERSITY DR., SUITE G
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

BLACK, NORMAN
1977 NW 130 AVENUE
PEMBROKE PINES, FL 33028 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:

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BLACK, NORMAN,
Address: 5001 S UNIVERSITY DR #G
City-St-Zip: DAVIE, FL 33328 6

Title: VP () Delete
Name: BLACK, NATALIE,
Address: 5001 S UNIVERSITY DR #G
City-St-Zip: DAVIE, FL 33328 6

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BLACK, NORMAN,
Address: 1977 NW 130 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP (X) Change () Addition
Name: BLACK, NATALIE,
Address: 1977 NW 130 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

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: NORMAN BLACK

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date