## 2005 EOD DOOEIT CODDODATION

**FILED** e

ANNUAL REPORT				Jul 08, 2005 08:00 A		
DOCUMENT # G16282  1. Entity Name SRL SYSTEMS, INC.				7	Seci	etary of Stat
Principal Place of Business 6510 N.W. 21ST AVE. FT LAUDERDALE, FL 33309		Mailing Address - 6510 N.W. 21ST AVE. FT LAUDERDALE, FL 33309			DI (1865 DIIITE ) JOSE JEKO (186 DIIST)	OKANI ADOKA BIOKA BINIA BINIABAKA JABO
DO NOT WRITE IN THIS SPA			06282005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For S9-2238287 Not Applied For Not Applicable  5. Cartificate of Status Desired S8.75 Additional Fee Regulfred			
<del></del>	6. Name and Address of Current Reg	istered Agent	<u>,                                     </u>	<u> </u>	<del></del>	r ee nequied
ZUCKERMAN, ERNEST 6510 N.W. 21ST AVE. FT. LAUDERDALE, FL 33309					NOT WRI	
A The observe	named entity submits this statement for the		- <u> </u>		:	Landa Service Colonia de la co
	a named entity submits this statement for the tions of registered agent.	spurpose or changing its register	ed office of register	red agent, or bo	om, in the State of Florida.	i am ramiliar with, and accept
SIGNATURE	Signature, typed or Printed name of registered agent and li	le it applicable. (NOTE, Begistere	d Agent signature requires	d when reinstaling)		DATE
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing \$5.1 Trust Fund Contribution.		.00 May Be led to Fees	y Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIR	CTORS	1		<u> </u>	<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUBACH, LEON 19971 NE 39TH PL AVENTURA, FL	المناجد المراجد			UG000037 07/08/05-80	1633 014-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUBACH, MARC 6050 BLVD ĒAST WEST NEW YORK, N.					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUBACH, JOSEPH 80 O'SHAUGHNESSY LANE CLOSTER, NJ 07624	<u> </u>	te -	DO	NOT WR	ITE
title Name Street address City-St-Zip		agent of the state		IN -	THIS SPA	CE
TITLE NAME STREET AODRESS CITY-ST-ZIP			ł ł		<del></del>	
TITLE			1			

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 rice empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

> - LEON RUBACH TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #