

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90003 027 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                                                                                                                                                                    |                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>DOCUMENT # K61659</b><br>1. Entity Name<br><b>THE SYSTEMA GROUP INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           |                                                                                                                                                                                                                                    |                                                                                              |
| Principal Place of Business<br><b>4107 UNIVERSITY DR<br/>CORAL GABLES, FL 33146</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | Mailing Address<br><b>4107 UNIVERSITY DR<br/>SUITE 300<br/>CORAL GABLES, FL 33146</b>                                                                                                                                              |                                                                                              |
| 2. Principal Place of Business<br><b>1139 CAMPO SAND AVE</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | 3. Mailing Address<br><b>1139 CAMPO SAND AVE</b><br>Suite, Apt. #, etc.                                                                                                                                                            |                                                                                              |
| City & State<br><b>CORAL GABLES FL</b><br>Zip <b>33146</b> Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | City & State<br><b>CORAL GABLES FL</b><br>Zip <b>33146</b> Country                                                                                                                                                                 |                                                                                              |
| 4. FEI Number<br><b>65-0101186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                             |                                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                              |                                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>CHAO, RAUL E., DR.<br/>4107 UNIVERSITY DR<br/>CORAL GABLES, FL 33146</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | 7. Name and Address of New Registered Agent<br>Name <b>Dr. RAUL E. CHAO</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1139 CAMPO SAND AVE</b><br>City <b>CORAL GABLES FL</b> Zip Code <b>33146</b>               |                                                                                              |
| 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<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | DATE <b>8/30/04</b><br><small>(NOTE: Registered Agent signature required when reinstating.)</small>                                                                                                                                |                                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br><small>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</small> |                                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                              |                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DP<br>CHAO, RAUL, PH.D.<br><b>1139 CAMPO SAND AVE</b><br>CORAL GABLES, FL | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>← see</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DVP<br>CHAO, OLGA N.<br><b>1139 CAMPO SAND AVE</b><br>CORAL GABLES, FL    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>← see</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| 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 like empowered. |                                                                           |                                                                                                                                                                                                                                    |                                                                                              |
| SIGNATURE:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           | DATE <b>8/30/04</b> DAYTIME PHONE # <b>305 663 0339</b>                                                                                                                                                                            |                                                                                              |

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