

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90023 022 ***150.00

0000000000 M29904

1. Entity Name
SYSTEM SALES, INC. OF MIAMI



Principal Place of Business

1313 W 49TH ST.
HIALEAH, FL 33012

Mailing Address

1313 W 49TH ST.
HIALEAH, FL 33012

04034030



01152004

00000000

000000000000

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 00000000
0000000000

6. Name and Address of Current Registered Agent

PAPPAS, GREGORY A.
1313 W. 49 ST.
HIALEAH, FL 33012

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 000000
0000000000

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	PAPPAS, GREGORY A.
STREET ADDRESS	5521 CASTLEGATE AVE
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	VP
NAME	PAPAS, MARIA E.
STREET ADDRESS	5521 CASTLEGATE AVE
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #