

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M67259

1. Entity Name

CORRECTIONS SYSTEMS INTERNATIONAL, INC.



Principal Place of Business

**3040 E COMMERCIAL BLVD
FT. LAUDERDALE, FL 33308**

Mailing Address

**3040 E COMMERCIAL BLVD
FT. LAUDERDALE, FL 33308**



02262008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0029094

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EUGENE M. KENNEDY ESQUIRE
517 SW FIRST AVENUE
FORT LAUDERDALE, FL 33301**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

U00000343168
03/11/08-80059-015 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BECKER, NORMAN
STREET ADDRESS	2404 HOLLYWOOD BLVD.
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	VP
NAME	BAUER, FRANK
STREET ADDRESS	3040 E. COMMERCIAL BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	ST
NAME	MARTINI, DIANE
STREET ADDRESS	3040 E. COMMERCIAL BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL
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 exemptions contained 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 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:

Diane Martini, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-08

Date

954-491-0704

Daytime Phone #