## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # P00000109726



VVVFFUUF

**FILED** 

Apr 01, 2005 8:00 am Secretary of State

04-01-2005 90015 042 \*\*\*150.00

SISTEMAS FOURGEN CORP.

Principal Place of Business Mailing Address

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			1290 WESTON RD. SUITE 306 WESTON, FL 33326											
								# ( <b>0.0</b> ) (0.0) (1				III)) IIIII (30)	#11 ##1    1##1	
2. Principal Place of Business 3.			3. Mailing	3. Mailing Address										
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.				03282005 Chg-P CR2E034 (10/03)						
City & Stat	City & State			City & State				4. FEI Number 65-1068081				Applied For . Not Applicable		
Zip		Country	Zip		Coun	try		5. Certificate	of Status	s Desired		<b>\$8.75</b> A Fee Requ		
	6. Name	and Address of Current	Registered A	Agent				7. Name and	Addres	s of New	Registered	Agent		
						Name								
6. Name and Address of Current Registered Agent GBS CONSULTANTS 1290 WESTON RD STE 306 WESTON, FL 33326						Street Address (P.O. Box Number is Not Acceptable)								
WESTON,	FL 33326	İ												
						City					F	L Zip Ci	ode	
		submits this statement fo	r the purpose	of changing its r	egistere	ed office or	registere	ed agent, or bo	oth, in the	State of F	lorida. I ar	n familiar wit	h, and accept	
the obligat	tions of registe	ered agent.		•										
SIGNATURE_														
OIGHANI ONE	Signature, typed o	or printed name of registered agent	and title if applicat	ole. (NOTE:	Registere	d Agent signat	ure required	when reinstating)			DATE			
				•			;							
FIL After Ma	E NOW!!! ay 1, 2005	FEE'IS \$150.00 Fee will be \$550.0	1 .	Election Campaig Trust Fund Contri		ncing -		00 May Be ed to Fees				*		
10.		OFFICERS AND	DIRECTORS		11.			ADDITIONS	/CHANG	ES TO OF	FICERS AN	ID DIRECTO	PRS IN 11	
TITLE	PD			☐ Delete	TITLE							☐ Chang	e	
NAME	HENAO, V	VILLIAM			NAM	E								
STREET ADDRESS	1290 WES	TON RD STE 306			STRE	ET ADDRESS								
CITY-ST-ZIP	WESTON,	FL 33326			CITY	-ST-ZIP								
TITLE	VD			Delete	TITLE	:						Chang	e 🔲 Addition	
NAME	GARCIA,	JUAN C			NAM	E								
STREET ADDRESS	1290 WESTON RD STE 306					ET ADDRESS								
CITY-ST-ZIP	WESTON,	FL 33326			CITY	-ST-ZIP								
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NAME					NAM		Ma	uricib	He	nao				
STREET ADDRESS						ET ADDRESS	1290	o begun c	n R0	3か2 (	306			
CITY-ST-ZIP					CITY	-ST-ZIP	Mez	ton, FI	- 33	326				
TITLE				☐ Delete	TITLE							☐ Chang	e 🗌 Addition	
NAME					NAM									
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP								
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NAME					NAM	c	I							
					STOR	ET ADDRESS	ļ							
STREET ADDRESS						ET ADDRESS -ST-ZIP								
STREET ADDRESS CHTY-ST-ZIP					CITY	-ST-ZIP							a Adams-	
STREET ADDRESS CHY-ST-ZIP TITLE			-	☐ Delete	CITY	-ST-ZIP			·			☐ Chang	e Addilion	
STREET ADDRESS CHTY-ST-ZIP			- 	☐ Delete	CITY TITLE NAM	-ST-ZIP			· .		<u> </u>	☐ Chang	e Addilion	

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 firustee embourered 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: 🗻

OF SIGNING OFFICER OR DIRECTOR

03 28 2001 Date

Daytime Phone #