

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90061 040 \*\*\*150.00

40020661



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1062295	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DOCUMENT # P0000113288**  
 1. Entity Name  
 HI-TECH SYSTEM SOLUTIONS, INC.



Principal Place of Business 7951 SW 40TH STREET STE 206 MIAMI, FL 33155	Mailing Address 7951 SW 40TH STREET STE 206 MIAMI, FL 33155
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 DIAZ, OJ  
 7951 SW 40TH STREET STE 206  
 MIAMI, FL 33155

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, O.J. 7951 SW 40TH STREET STE 206 MIAMI, FL 33155
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**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:** \_\_\_\_\_ **2/15/05** **305241627**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #