

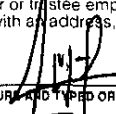


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90114 012 \*\*\*150.00

<b>DOCUMENT # P02000018149</b> 1. Entity Name <b>SYSTEM INTEGRATOR &amp; DEVELOPERS, INC.</b>					
Principal Place of Business <b>7951 SW 40TH STREET STE 206 MIAMI, FL 33155</b>			Mailing Address <b>7951 SW 40TH STREET STE 206 MIAMI, FL 33155</b>		
2. Principal Place of Business <b>2387 NW 2ND STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>2387 NW 2ND STREET</b> Suite, Apt. #, etc.			
City & State <b>MIAMI FLORIDA</b> Zip <b>33125</b> Country		City & State <b>MIAMI FLORIDA</b> Zip <b>33125</b> Country		4. FEI Number <b>43-1951495</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DIAZ, OJ 7951 SW 40TH STREET STE 206 MIAMI, FL 33155</b>			7. Name and Address of New Registered Agent Name <b>FLORES, JESUS M</b> Street Address (P.O. Box Number is Not Acceptable) <b>2387 NW 2ND STREET</b> City <b>MIAMI</b> FL Zip Code <b>33125</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 <b>FLORES, JESUS M</b>  DATE <b>5/03/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (N.O. E.L.R. Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FLORES, JESUS M 7951 SW 40TH STREET STE 206 MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FLORES, JESUS M 2387 NW 2ND STREET MIAMI, FL 33125-5207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORES, JESUS M 7951 SW 40TH STREET STE 206 MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS 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: 			5/3/04 4:00p.m. <small>Date Daytime Phone</small>		

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