2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 13, 2005 08:00 AN Secretary of State DOCUMENT # P02000018149 1. Entity Name SYSTEM INTEGRATOR & DEVELOPERS, INC. Principal Place of Business Mailing Address 2387 NW 2ND STREET 2387 NW 2ND STREET **MIAMI FL 33125 MIAMI FL 33125** 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 43-1951495 Not Applicable Country Ζıp Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FLORES, JESUS M Street Address (P.O. Box Number is Not Acceptable) 2387 NW 2ND STREET MIAMI FL 33125 City Zip Code 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, typed or printed hame of registered agent and lifte if applicable (NOTE Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Change TITLE ☐ Delete DILLE FLORES, JESUS M NAME **NAME** U00000301434 04/13/05-80030-013 **150.06** 2387 NW 2ND STREET STREET ADDRESS CIREET ADDRESS CITY-ST-ZIP MIAMI FL 33125-5207 CITY ST ZIP Delete HILE Change ☐ Addition TOLL NAME NAME STREET ADORESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition Total TITLE NAME NAME STREET ADDRESS CTPLET ADDRESS C11Y - ST - 7n2 CHY-ST-ZIP ☐ Delete ÐΙξ€ ☐ Change Addition THLE NAME NAM: STREET ADDRESS STREET ADDRESS CITY SI-ZIP CHTY-ST-7/P ☐ Delete THE □ Change ☐ Addition THUE NAME STREET ANDRESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIP Change | ☐ Addition ☐ Delete THE Dist NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP 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 suppliemental 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 attories, with all other like empowered.

SIGNATURE:

PRESIDENT

AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/05

305) 643-0039