

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90019 023 \*\*\*150.00

<b>DOCUMENT # P02000018149</b> 1. Entity Name <b>SYSTEM INTEGRATOR &amp; DEVELOPERS, INC.</b>					
Principal Place of Business <b>2387 NW 2ND STREET MIAMI, FL 33125</b>			Mailing Address <b>2387 NW 2ND STREET MIAMI, FL 33125</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>FLORES, JESUS M 2387 NW 2ND STREET MIAMI, FL 33125</b>				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<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 2387 NW 2ND STREET MIAMI, FL 33125207		<input type="checkbox"/> Delete		
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"/> Delete		<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"/> Delete		<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		
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>7/10/06</b> Daytime Phone # <b>(305) 643 0039</b>		

ATTACHMENT

40098971

#P02000018149

Miami, Fl. July 10, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

Dear Sirs:

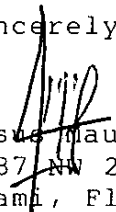
In attention to your letter May 26, 2006, Number 006A00036069, Subject: System Integrator and Developers Inc., Ref. Number P02000018149, I am sending signed correctly the Report to Division of Corporations.

The Postman let my mail in wrong place: 2387 NW 1 St, Miami, Fl. 33125, while I was in Honduras. Please see Visa of my passport.

With my special solicitude and gratefulness, I am enclosing again The Annual Report/Reinstment application form with the same filling fee sent before.

Thank you for your fine consideration.

Sincerely Your.

  
Jesus Mauricio Flores  
2387 NW 2ND STREET  
Miami, Fl. 33125-5207

0000501



# MISTAKE SENT

## 2006 Florida Annual Resale Certificate for Sales Tax

THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2006

DR-13A

R. 01/06

11/21/05

**Business Name and Location Address**

SYSTEM INTEGRATOR & DEVELOPERS INC  
2387 NW 2ND ST  
MIAMI FL 33125-5207

**Certificate Number**

23-8012465224-5

ATTACHMENT

40098971

# P02000018149

This is to certify that all tangible personal property purchased or rented, real property rented, or services purchased by the above business are being purchased or rented for one of the following purposes:

- Resale as tangible personal property.
- Re-rental as tangible personal property.
- Resale of services.
- Re-rental as real property.
- Incorporation into and sale as part of the repair of tangible personal property by a repair dealer.
- Re-rental as transient rental property.
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.

This certificate cannot be reassigned or transferred. This certificate can only be used by the active dealer or its authorized employees. Misuse of this Annual Resale Certificate will subject the user to penalties as provided by law. **Use signed photocopy for resale purposes.**

**Presented to:**

(Insert name of seller on photocopy.)

(date)

**Presented by:**

Authorized Signature (Purchaser)

(date)

### Closing or Sale of Business or Change of Legal Entity

☐ The legal entity changed on \_\_\_\_/\_\_\_\_/\_\_\_\_. If you change your legal entity and are continuing to do business in Florida, you must register online or complete and mail a new Application to Collect and/or Report Tax in Florida (Form DR-1).

☐ The business was closed permanently on \_\_\_\_/\_\_\_\_/\_\_\_\_. (The Department will cancel your sales tax certificate number as of this date.)

☐ Are you a corporation/partnership required to file corporate income tax or corporate intangible tax returns? ☐ Yes ☐ No

☐ The business will close/was closed temporarily on \_\_\_\_/\_\_\_\_/\_\_\_\_. I plan to reopen on \_\_\_\_/\_\_\_\_/\_\_\_\_.

☐ Forwarding Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

☐ This year only  
or  
☐ Recurring every year

☐ The business was sold on \_\_\_\_/\_\_\_\_/\_\_\_\_. The new owner information is:

☐ Name of New Owner: \_\_\_\_\_ Telephone Number of New Owner: (\_\_\_\_) \_\_\_\_\_

Mailing Address of New Owner: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Sales and Use Tax  
Certificate Number**

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FEIN

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**Business Partner Number**

▶ Signature of Taxpayer (Required):

Date:

01/28/06

Telephone Number: (\_\_\_\_) \_\_\_\_\_

DR-15EZSA, R. 10/05

Doc # P02000018149

Leader  
MISTAKE SENT

ATTACHMENT

40098971  
#P02000018149

<p>Departures / Salidas Entradas / Entradas</p>	<p>29 DEC 2004 MARIA MORAL NA MEDINA 01-DR</p>	<p>REPUBLICA DE HONDURAS DELEGACION DE MIGRACION 29 APR 2006 JOSE ARNULFO GODOY 01-TO</p>
<p>Departures / Salidas Entradas / Entradas</p>	<p>05 ENE 2005 07030</p>	<p>U.S. IMMIGRATION MIA ADMITTED NOV 16 2001 CLASS UNTIL</p>
<p>Departures / Salidas Entradas / Entradas</p>	<p>01 NOV 2004 01-DR REPUBLICA DE HONDURAS DELEGACION DE MIGRACION</p>	<p>REPUBLICA DE HONDURAS DELEGACION DE MIGRACION 26 DIC 2005 EMIL ALVARADO AGUIAR</p>