


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000087360**  
 1. Entity Name  
 CIS AMERICA, INC.



Principal Place of Business      Mailing Address  
 20795 SW 129 PL                      20795 SW 129 PL  
 MIAMI, FL 33177                      MIAMI, FL 33177

**DO NOT WRITE IN THIS SPACE**



04152004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 03-0483908      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MELENDEZ, MICHAEL  
 20795 SW 129 PL  
 MIAMI, FL 33177

**DO NOT WRITE IN THIS SPACE**

I, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMOR, OSCAR H 20795 SW 129 PL MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOKOSIAN, EDUARDO 20795 SW 129 PL MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEÑA, GUSTAVO A 20795 SW 129 PL MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BESSONE, ROBERTO 20795 SW 129 PL MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000120712  
 04/20/04-80021-010 150.00

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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 those empowered.

**SIGNATURE:** \_\_\_\_\_ *04/15/2004 786-957-5444*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #