

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000111785

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: STRUCTURED COMMUNICATION SYSTEMS, INC.

**Current Principal Place of Business:**

5460 NW 107 AVENUE  
107  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

5460 NW 107 AVENUE  
107  
MIAMI, FL 33178

**New Mailing Address:**

FEI Number: 16-1636558      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ZEVALLOS, BEATRIZ  
5460 NW 107 AVENUE  
107  
MIAMI, FL 33178 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LUNG, KATIA M  
Address: 5460 NW 107 AVENUE # 107  
City-St-Zip: MIAMI, FL 33178

Title: VICE (X) Delete  
Name: ZEVALLOS, BEATRIZ D PILAR  
Address: 5460 NW 107 AVENUE # 107  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ZEVALLOS, BEATRIZ  
Address: 5460 NW 107 AVENUE # 107  
City-St-Zip: MIAMI, FL 33178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEATRIZ ZEVALLOS

PD

01/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date