

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000129971

FILED  
Feb 03, 2004  
Secretary of State

**Entity Name:** INTEGRALS SOLUTIONS & TECHNOLOGIES, CORP.

**Current Principal Place of Business:**

6750 W. 24TH CT., STE. 13  
HIALEAH, FL 33016

**New Principal Place of Business:**

1125 FAIRDALE WAY  
WELLINGTON, FL 33414

**Current Mailing Address:**

6750 W. 24TH CT., STE. 13  
HIALEAH, FL 33016

**New Mailing Address:**

16300 NE 19 AVE.  
STE C  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 01-0756902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILVA, FERNANDO  
16300 N.E. 19 AVE., STE. C  
NORTH MIAMI BEACH, FL 33162 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: PATARROYO, JOSE E  
Address: 6750 W. 24TH CT., STE. 13  
City-St-Zip: HIALEAH, FL 33016

Title: VD ( ) Delete  
Name: LOZANO, LUIS C  
Address: 6750 W. 24TH CT., STE. 13  
City-St-Zip: HIALEAH, FL 33016

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

Title: PD (X) Change ( ) Addition  
Name: PATARROYO, JOSE E  
Address: 1125 FAIRDALE WAY  
City-St-Zip: WELLINGTON, FL 33414

Title: VD (X) Change ( ) Addition  
Name: LOZANO, LUIS C  
Address: 1125 FAIRDALE WAY  
City-St-Zip: WELLINGTON, FL 33414

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:** JOSE PATARROYO

PD

02/03/2004

Electronic Signature of Signing Officer or Director

Date