

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021920

Entity Name: LA SISTEMAS, CORP.

FILED  
Apr 28, 2004  
Secretary of State

## Current Principal Place of Business:

8606 NW 70 STREET  
MIAMI, FL 33166

## New Principal Place of Business:

2900 GLADES CIRCLE  
SUITE A-400  
WESTON, FL 33327 US

## Current Mailing Address:

8606 NW 70 STREET  
MIAMI, FL 33166

## New Mailing Address:

2900 GLADES CIRCLE  
SUITE A-400  
WESTON, FL 33327 US

FEI Number: 50-5555977

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORCHILLES, JORGE L  
1974 MADEIRA DR  
WESTON, FL 33327 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: P ( ) Delete  
Name: SALINAS, CARLOS E  
Address: 1339 SAN TROPEZ CIR #307  
City-St-Zip: WESTON, FL 33326

Title: T ( ) Delete  
Name: VELASCO, IVONNE  
Address: 1339 SAN TROPEZ CIR #307  
City-St-Zip: WESTON, FL 33326

Title: S ( ) Delete  
Name: ORCHILLES, JORGE L  
Address: 1974 MADEIRA DR  
City-St-Zip: WESTON, FL 33327

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SALINAS, CARLOS E  
Address: 2900 GLADES CIRCLE A-400  
City-St-Zip: WESTON, FL 33327

Title: T (X) Change ( ) Addition  
Name: VELASCO, IVONNE  
Address: 2900 GLADES CIRCLE A-400  
City-St-Zip: WESTON, FL 33327

Title: S (X) Change ( ) Addition  
Name: ORCHILLES, JORGE L  
Address: 2900 GLADES CIRCLE A-400  
City-St-Zip: WESTON, FL 33327

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: CARLOS SALINAS

P

04/28/2004

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

\_\_\_\_\_  
Date