FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000048459

1. Entity Name

STRUCTURE SYSTEMS, INC.



FILED

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DO NOT WRITE IN THIS SPACE					TALLAHASTEE, FLO	A1E ORIDA		
	lace of Business	3. Mailing Address						
206 Norti Suite, Apt.	h Lake Pleasant Road #. etc.	The same Suite, Apt. #, etc.			DO NOT WR	ITE IN THIS SPA	ACE	
outo, ripe	.,	· ·						
City & State Apopka,		City & State		4. FEI Number 54-216469	1	Applied For Not Applicable		
Zip 32703	Country	Zıp	Zip Country		5. Certificate of Status Desired Status Desired See Required Fee Required			
	A CONTRACTOR OF THE CONTRACTOR		•	Name ODIE	7. Name and Address of Curren	t Registered A	gent	
	DO NOT W	/DITE	DITE		SPIEGEL & UTRERA, P.A.			
				Street Address	s (P.O. Box Number is Not Acceptab	le)		
i	IN THIS SI	PACE		1840 Sout	thwest 22 Street, 4th Floor			
				^{City} Miami		FL	Zip Code 33145	
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. SPIEGEL & UTRERA, P.A. SIGNATURE By: Natalia Utrera, Vice President Signature, typed or printed name of registered agent and yield applicable. (NOTE: Registered Agent signature required when reinsusting) DATE								
Make Check	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 (Payable to Florida Department o				9. Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DURECTORS	TITLI	<u> </u>	vinishimin is a second		Addition to the second	
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12. Thereby 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 suppliemental 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 suppowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like ampowered.

SIGNATURE:

Paul Webster
JRE AND TYPED OR PRINTING HAME OF SIGNING OFFICER OR DIRECTOR

4/13/06. 407-448-094